Nausea and vomiting of pregnancy affects 70-85% of pregnant women. It occurs prior to 9 weeks gestation in almost all affected women. Patients that experience nausea/vomiting for the first time after 9 weeks should have other conditions ruled out. Hyperemesis gravidarum represents the extreme end of the spectrum (0.5-2% of pregnancies). The most common criteria include persistent vomiting not related to other causes, a measure of acute starvation (large ketonuria), and a measure of weight loss, usually 5% of prepregnancy weight.

**ALGORITHM** (Once other causes of nausea and vomiting have been ruled out)

1. **Assess Hydration status clinically (history and physical exam)**

2. **Labs:**
   1. **urinalysis** for elevated specific gravity and/or ketonuria
   2. Check TFTs only in patients with a goiter
   3. Electrolytes, LFTs IF N/V is severe, prolonged (> 3 weeks)

3. If clinically dehydrated (physical signs, ketosis):
   1. Intravenous fluid replacement, D5LR or D5 ½ NS
   2. IV Thiamine 100mg and Multivitamin recommended, especially if vomiting > 3 wks

4. Consider adding: **Metoclopramide** (Reglan) 5-10 mg every 8 hours IV or **Promethazine** (Phenergan), 12.5-25 mg every 4 hours IV or **Ondansetron**, 8mg over 15 minutes, every 12 hours, IV

If patient has not been discharged from the ED **after 6 hours** of evaluation and treatment, then the GYN resident should be paged (917-424-9962) to facilitate transfer of care to the OB/GYN service.