

Implementation of Day Case Management of Hyperemesis Gravidarum in Gynaecology

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Quality Improvement Project

- The incentive for this project arose due to repeated admissions of women through A&E with this exaggerated physiological condition which is managed as a day case in many units nationally. Added to this was the performance pressure on A&E, bed pressures and a desire to improve patient experience.
- At GRH, women can now be referred directly to the 'Hyperemesis Day Unit' on Gynaecology ward (9A) for a period of rapid rehydration and can be discharged home on the same day. Women then have open access to the unit for repeat treatment for a further 2 days if required.

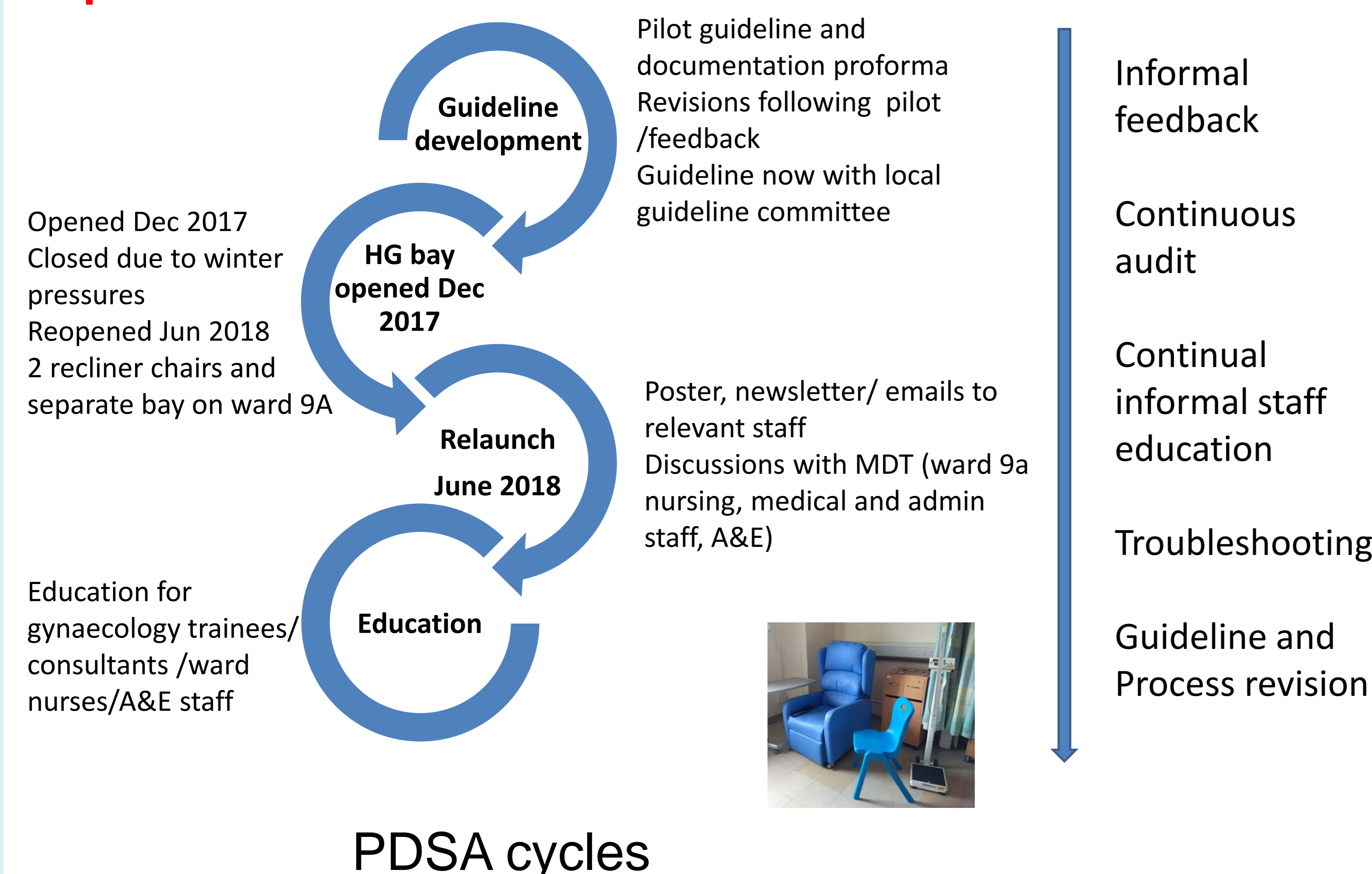
Aim

- To manage at least 40% of eligible women with severe nausea and vomiting of pregnancy through a new day case pathway by October 2018.

Efficiency

- Improve patient experience
- Reducing patient flow through A&E thereby improving A&E performance/trust targets
- Reducing bed occupancy on the gynaecology ward and thereby freeing up surgical beds for elective operating.

Implementation



Hyperemesis Gravidarum
Day case management at Gloucestershire Royal Hospital 8:30 am to 8:30 pm every day

Is your patient suitable?

Inclusion criteria

- Less than 16 weeks pregnant
- Ketonuria 3+ or more
- Not tolerating oral antiemetics
- Inability to maintain hydration at home

Exclusion criteria apply

- >16 weeks
- Haematemesis
- High Blood glucose +/- Ketonuria
- Failed outpatient management x 3
- Pre-existing co-morbidities (diabetes, heart disease, thyrotoxicosis)

GP's / Midwives / A&E doctors can all refer! Please the Gynaecology Registrar on 5524 or the Consultant on 2225 to refer your patient

Poster

A&E Protocol for Nausea and Vomiting in Pregnancy / Hyperemesis Gravidarum

* Perform baseline bloods, administer parenteral antiemetic and commence iv fluids asap! This will help facilitate discharge within 6-8 hours on day case pathway*

Standard Investigations

- Full set of observations
- Urinalysis: ketonuria/ UTI
- MSU: for culture & sensitivity if positive urinalysis or symptoms
- FBC / U&E

Investigations in refractory cases (previous admissions / signs of liver or thyroid dysfunction / >16 weeks)

- TFTs /LFTs
- Calcium and phosphate
- Amylase/ ABG

PARENTERAL ANTIEMETIC:

1st line: Cyclizine 50mg IM or Stemetil 12.5mg IM

2nd line: Metoclopramide 10mg IM/IV or ONDANSETRON 4mg IM/IV

Fluid Management:

1st bag -1000ml Hartmann's iv stat

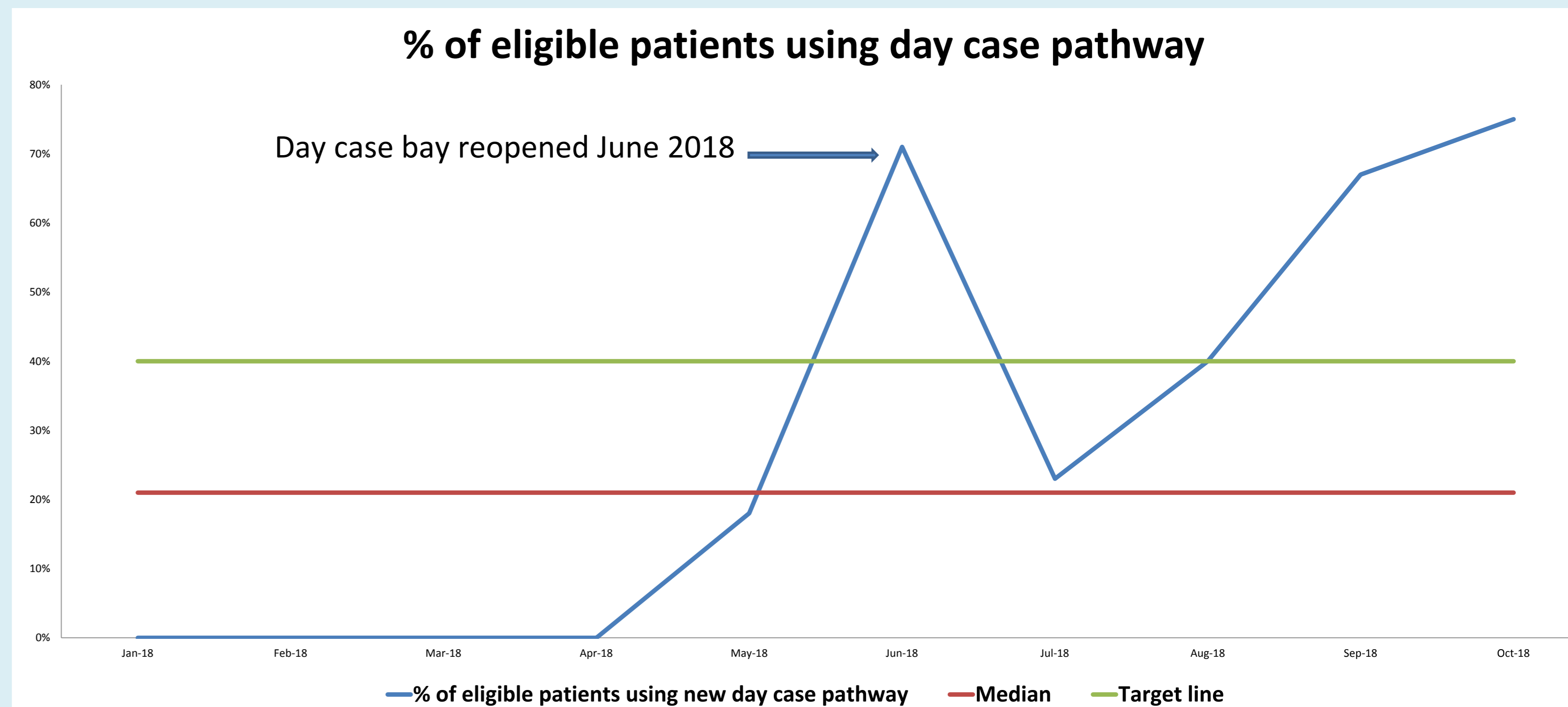
2nd bag -1000ml Hartmann's iv over 2 hours

REFER TO GYNAECOLOGY HYPEREMESIS DAY UNIT WARD 9A
GYNAECOLOGY REGISTRAR BLEEP 5524
CONSULTANT BLEEP 2232
08:30 to 20:30 hours 7 days week.

Guidelines

Results

- We have seen an overall trend towards an increasing percentage of eligible women successfully using the day case pathway, meeting our target of 40% in June, August, September and Oct 2018.
- In September and October 2018, over 50% of patients referred with severe nausea and vomiting of pregnancy were successfully managed as day cases.
- Informal feedback has shown that staff feel empowered, and women report satisfaction as they have a choice of going home to come in for rehydration the next day without being admitted.



Conclusion

After a period of latency and obstacles, this project has been successfully embedded in practice at departmental level. We have started to notice a change in trend in the management of this condition. There is increasing awareness amongst women and GPs about the existence of this service, however there is still significant room for improvement towards 100% of eligible patients using the day case pathway.

Future / Next steps

Share the results with department, wider trust and primary care. To improve ongoing data collection and audit tools, including formal feedback. Further teaching for A&E and primary care to improve awareness and facilitate appropriate referral of the women directly to the day unit rather than to A&E. Patient involvement: formal collection of feedback is planned as well as patient education via an information leaflet about the service.