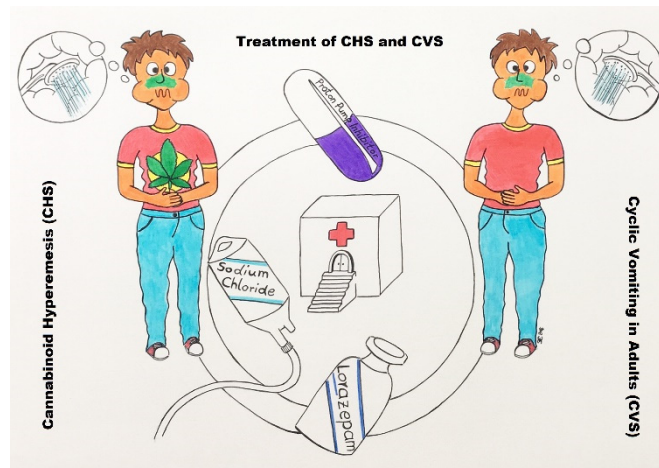


Standard Operating Procedure: Detection, evaluation, treatment and follow up of patients possibly suffering from the Cyclic Vomiting Syndrome in adults/Cannabinoid Hyperemesis Syndrome

Background



The Cyclic Vomiting Syndrome in adults (CVS) and the Cannabinoid Hyperemesis Syndrome (CHS) are characterised by recurrent episodes of heavy nausea, overwhelming vomiting and abdominal pain without an obvious organic cause of the symptoms. The major difference is that in CHS patients the suspected cause of disease is chronic cannabis abuse (at least one a week during the last few months). Both syndromes are largely unknown which frequently leads to excessive diagnostic measures, multiple hospital admissions and inadequate treatment. Data concerning both syndromes is sparse. The purpose of this standard operating procedure (SOP) is to identify potential cases, avoid unnecessary diagnostic measures, and provide adequate treatment and follow up of patients suffering from either syndrome.

Literature/Source

The recommendations of this SOP are based on:

- Sun S, Zimmermann AE. Cannabinoid hyperemesis syndrome. *Hosp Pharm.* 2013 Sep;48(8):650-5. DOI: 10.1310/hpj4808-650
- Fleisher DR, Gornowicz B, Adams K, Burch R, Feldman EJ. Cyclic Vomiting Syndrome in 41 adults: the illness, the patients, and problems of management. *BMC Med.* 2005 Dec;3:20. DOI: 10.1186/1741-7015-3-20

Standard Operating Procedure: Detection, evaluation, treatment and follow up of patients possibly suffering from the Cyclic Vomiting Syndrome in adults/Cannabinoid Hyperemesis Syndrome

Criteria for Diagnosis of
CVS and CHS

Essential criteria for the diagnosis of CVS and CHS

- Recurrent (cyclic) episodes of heavy nausea, vomiting (and abdominal pain)
- Comparative wellness between episodes (dyspeptic nausea and occasional vomiting/abdominal pain may occur)
- Absence of an obvious organic cause for the symptoms

First view*

Consider triage results, take brief history of the patient and perform a preliminary physical examination. Determine preliminary blood/urine analysis and further evaluation procedures. Initiate an intravenous line and determine the preliminary treatment (fluid therapy, analgesia (intravenous paracetamol or metamizole) and antiemetic (alizaprid, metoclopramid, demenhydrinate) treatment). Do the results of your preliminary examination possibly match the criteria for diagnosis of CVS/CHS?

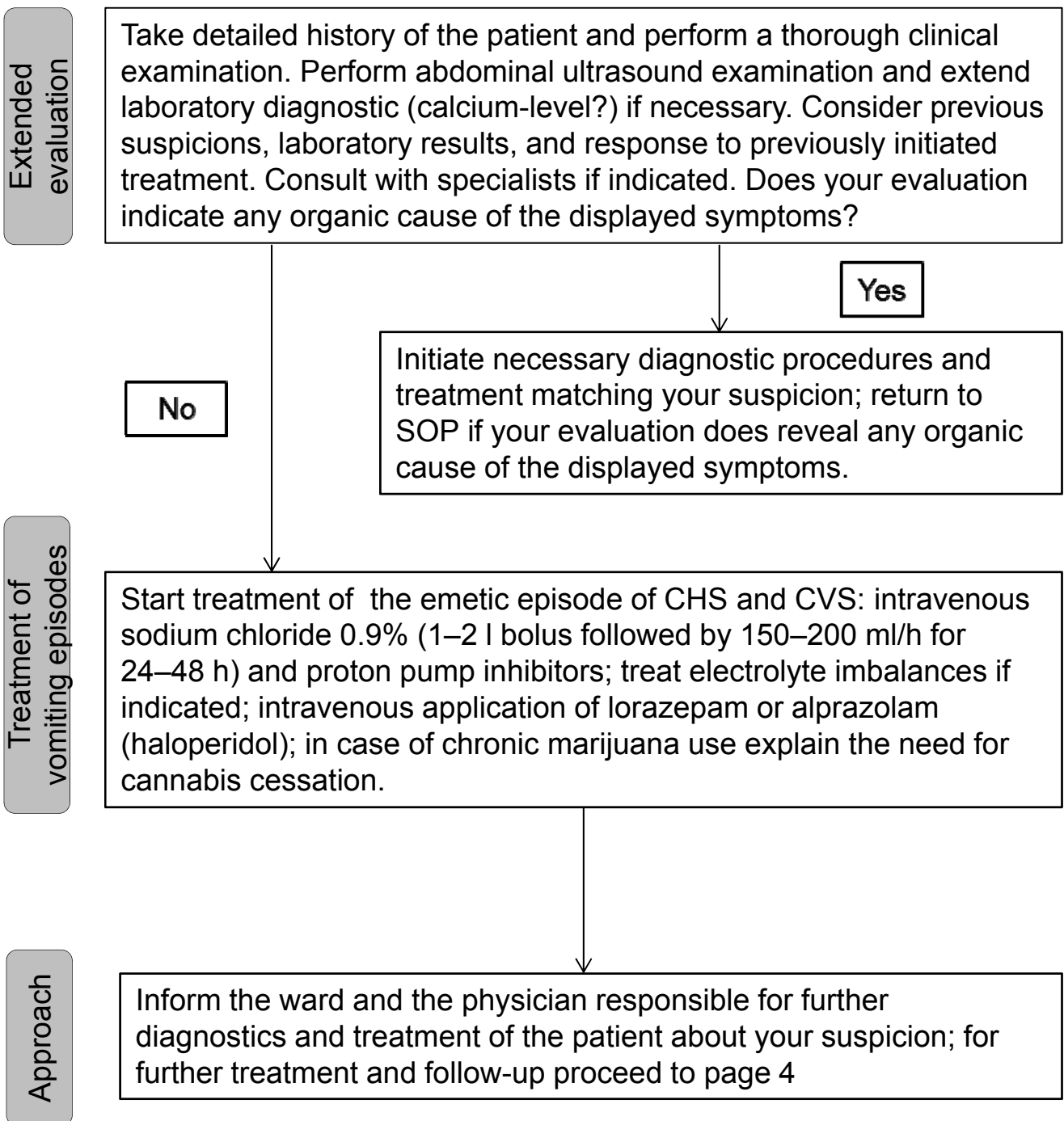
Yes

No

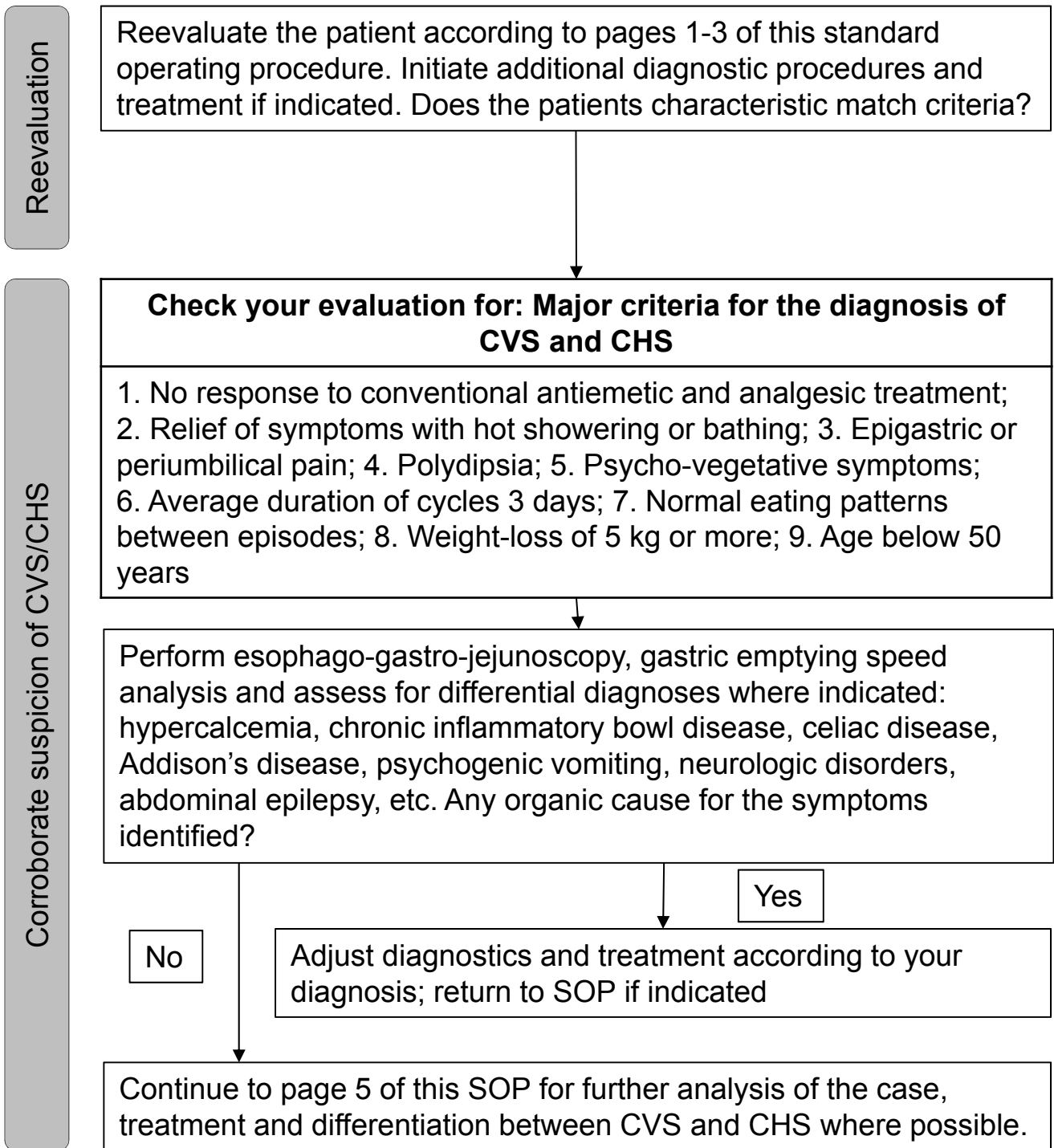
Indicate your suspicion to the attending physician in the ED.
Proceed to page 3

*According to: Hogan B, Rasche C, von Reinersdorff AB. The First View Concept: introduction of industrial flow techniques into emergency medicine organization. Eur J Emerg Med. 2012 Jun;19(3):136-9. DOI: 10.1097/MEJ.0b013e32834bbd93

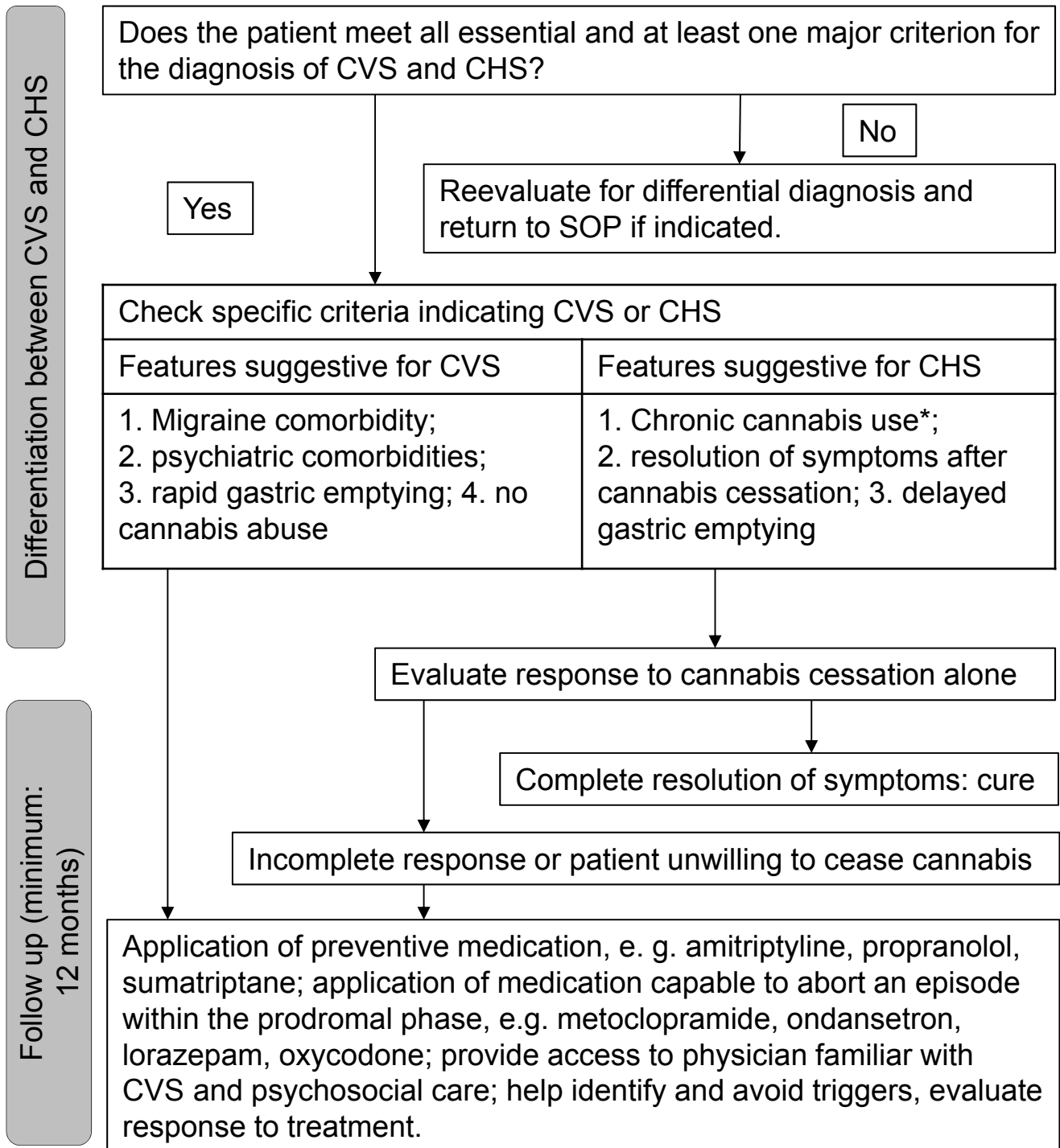
Standard Operating Procedure: Detection, evaluation, treatment and follow up of patients possibly suffering from the Cyclic Vomiting Syndrome in adults/Cannabinoid Hyperemesis Syndrome



Standard Operating Procedure: Detection, evaluation, treatment and follow up of patients possibly suffering from the Cyclic Vomiting Syndrome in adults/Cannabinoid Hyperemesis Syndrome



Standard Operating Procedure: Detection, evaluation, treatment and follow up of patients possibly suffering from the Cyclic Vomiting Syndrome in adults/Cannabinoid Hyperemesis Syndrome



*Essential for diagnosis of CHS