



# Cannabinoid Hyperemesis Syndrome (CHS) Clinical Algorithm

(C) BCH Emergency Department

**Definition:** a condition caused by cannabis use that leads to recurrent and severe episodes of nausea, vomiting, dehydration, and abdominal pain with frequent visits to the emergency department.

## Inclusion Criteria

- Adolescent patients  $\geq 40$  kg

## Exclusion Criteria

- Pregnancy
- $< 40$  kg
- Congenital long QTc

## Key measures

- ECG (prior to Haloperidol)
- Documented reevaluation after every intervention
- Pain
- Nausea

**Predisposing factors for prolonged QTc (no absolute contraindications; use clinical judgment):**

Drug Related:

- Antiarrhythmics:** amiodarone, sotalol
- Antibiotics:** azithromycin, ciprofloxacin, levofloxacin, erythromycin, moxifloxacin
- Antidepressants:** citalopram, escitalopram
- Antiemetic:** Ondansetron
- Antifungal:** fluconazole
- Antipsychotic:** haloperidol
- Opiate:** methadone

Other:

- Older age
- Female gender
- Heart disease
- Arrhythmias
- Renal or hepatic impairment
- Genetic predisposition to QT prolongation
- Electrolyte abnormalities: hypokalemia, hypomagnesemia

## Labs:

- CMP
- Lipase
- Phosphate
- CBC
- Urine tox screen
- Urinalysis
- ECG
- Blood gas, lactate (as needed)

## Integrative Medicine options:

- Sea-band
- Aromatherapy (lavender or mandarin essential oils)

