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 ≥ 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

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

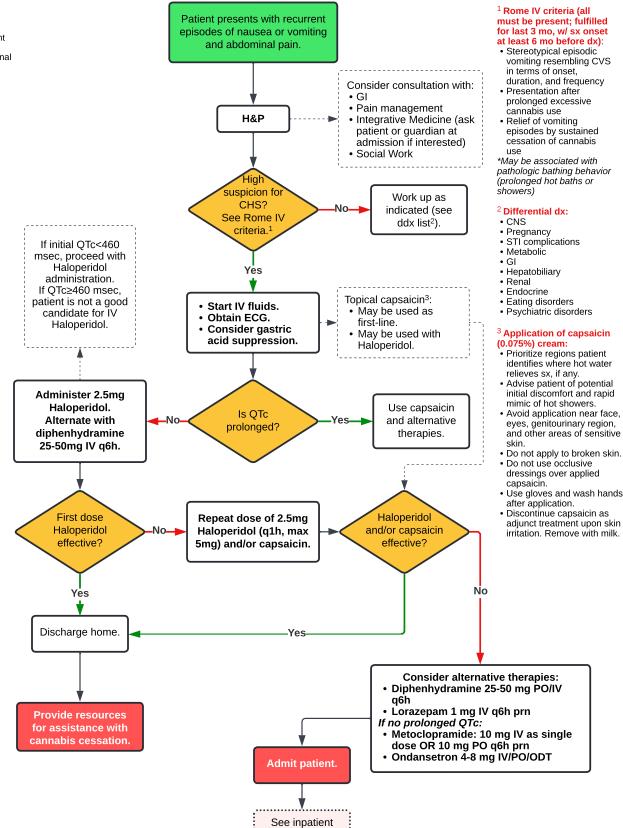
Labs:

- CMP
- Lipase Phosphate
- CBC
- Urine tox screen
- Urinalysis

- · Blood gas, lactate (as needed)

Integrative Medicine options:

- Sea-band
- Aromatherapy (lavender or mandarin éssential



Created by: CHS Working Group, Reviewed for Reformatting: Rajesh Daftary MD

Last reviewed: 05/19/2022, Reformatted: 4/2024

Disclaimer: This algorithm functions as a guideline for clinical care under the direction of pediatric emergency medicine attendings.

SW/Psychiatry referral resources:

clinical pathway.

Adolescent Medicine Youth Outpatient Substance Use Program (YOSUP) -

https://youthsubstanceuse.ucsf.edu

For questions, reach out to: James Naprawa, MD Pathway approved by P&T Committee and BCH Oakland Cardiology.