



Cannabinoid Hyperemesis Syndrome Clinical Pathway Synopsis

Objective of Clinical Pathway

To provide care standards for patients with concern for cannabinoid hyperemesis syndrome (CHS). This pathway guides the diagnosis and management of patients undergoing evaluation and treatment for suspected or confirmed CHS.

Background

The diagnosis of CHS is primarily clinical and is informed by a patient's symptom pattern, history of cannabinoid use, laboratory evaluation, and careful exclusion of alternative causes.¹ Management typically focuses on supportive care, including addressing dehydration, abdominal discomfort, and the need for antiemetic therapy to control nausea and vomiting.² Because sustained cessation of cannabinoid use remains the only proven strategy to prevent recurrence, comprehensive patient education and linkage to appropriate support resources are essential components of follow-up care.¹

This clinical pathway integrates these diagnostic and management considerations with recommendations for timely consultation of specialty services to promote standardized, evidence-informed care for patients presenting with suspected or confirmed CHS.

Target Users

- Physicians (Emergency Department, Urgent Care, Ambulatory, Hospitalists, Fellows, Resident Physicians)
- Nurse Practitioners
- Physician Assistants
- Pharmacists
- Social Workers

Target Population

Inclusion Criteria

- Patients presenting with concern for CHS

Exclusion Criteria

- Patients less than 12 years of age
- Pregnancy
- Concern for sepsis (see [Sepsis pathway](#))
- Concern for acute abdomen

Practice Recommendations

In lieu of a clinical practice guideline fully addressing the management of CHS in pediatric and adolescent patients, guidance from pediatric literature was used in conjunction with the expert consensus of the Clinical Pathway Committee to inform the assessment, acute management, and referral guidance in this pathway³⁻⁴.

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions were posed for this review.

Measures

- Access of the clinical pathway (website hits)

Value Implications

- Decreased risk of inappropriate diagnosis (e.g., CHS versus alternate diagnoses)
- Decreased risk of inappropriate or inadequate treatment
- Decreased frequency of admission, when appropriate
- Decreased unwarranted variation in care

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.



Organizational Barriers and Facilitators

Potential Barriers

- Variability of the acceptable level of risk among providers
- Variability in experience among clinicians
- Challenges with access to healthcare and health literacy faced by some families

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Effective communication and coordination among clinicians and specialties
- High rate of use of the clinical pathway

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that unconscious biases can contribute to them.

Order Sets

- There are no order sets associated with this clinical pathway.

Educational Materials

Educational tools were reviewed for health literacy.

- [Discharge education and resources](#)
 - Intended for patients and caregivers
 - Available in English and Spanish
 - Accessible from the algorithm and EBP website to view or print, also available as printable wallet cards

Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the Cannabinoid Hyperemesis Syndrome Clinical Pathway Committee, composed of content experts at Children's Mercy.

Cannabinoid Hyperemesis Syndrome Clinical Pathway Committee Members and Representation

- Frances Turcotte-Benedict, MD, MPH, FAAP | Emergency Department | Committee Chair
- Micheal Christian, MD | Clinical Pharmacy and Toxicology | Committee Member
- Jonathan Hartley, DO | Hospital Medicine | Committee Member
- Sarah Lee, LCSW, LSCSW | Social Work | Committee Member
- Carson Savrick, MS, MD | Emergency Medicine Fellow | Committee Member
- Smit Shah, MD | Hospital Medicine Fellow | Committee Member
- Ibad Siddiqi, PharmD | Pharmacy | Committee Member
- Catherine Watts, MD | Urgent Care | Committee Member
- Thomas Attard, MD, FAAP, FACG | Gastroenterology | Contributor
- Sarah Edwards, DO | Gastroenterology | Contributor
- Brianne Shuler, MD | Gastroenterology | Contributor

EBP Committee Members

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice
- Megan Gripka, MPH, MLS (ASCP) SM | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Emergency Medicine, Hospital Medicine, Clinical Pharmacy and Toxicology, Social Work, Urgent Care, Pharmacy, and Evidence Based Practice.

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Conflict of Interest

The contributors to the Cannabinoid Hyperemesis Syndrome Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the EBP Department and the Cannabinoid Hyperemesis Syndrome Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

Review Requested

Department/Unit	Date
Emergency Medicine	April 2026
Hospital Medicine	April 2026
Clinical Pharmacy and Toxicology	April 2026
Social Work	April 2026
Urgent Care	April 2026
Pharmacy	April 2026
Evidence Based Practice	April 2026

Version History

Date	Comments
May 2026	Version one – development of diagnosis and treatment algorithms, and educational materials and resources

Date for Next Review

- May 2029

Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to the appropriate care teams:
 - Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
 - Community clinics affiliated with CM received announcements via "Progress Notes"
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the order set(s) and/or order panel(s) that accompany the clinical pathway.

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References

1. Dosani K, Koletic C, Alhosh R. Cannabinoid Hyperemesis Syndrome in Pediatrics: An Emerging Problem. *Pediatrics in Review*. 2021;42(9):500-506. doi:10.1542/pir.2019-0097
2. Reinert JP, Niyamugabo O, Harmon KS, Fenn NE III. Management of Pediatric Cannabinoid Hyperemesis Syndrome: A Review. *J Pediatr Pharmacol Ther*. 2021;26(4):339-345. doi:10.5863/1551-6776-26.4.339
3. Zhu JW, Gonsalves CL, Issenman RM, Kam AJ. Diagnosis and acute management of adolescent cannabinoid hyperemesis syndrome: a systematic review. *J Adolesc Health*. 2021;68(2):246-254. doi:10.1016/j.jadohealth.2020.07.035
4. Senderovich H, Patel P, Jimenez Lopez B, Waicus S. A systematic review on cannabis hyperemesis syndrome and its management options. *Med Princ Pract*. 2022;31(1):29-38. doi:10.1159/000520417

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