

# Cannabinoid Hyperemesis Syndrome

**Cannabinoid Hyperemesis Syndrome (CHS) is an uncommon condition observed in chronic cannabis users marked by bouts of severe nausea, vomiting and abdominal pain which characteristically improves with hot showers. While the measures described below may be useful in providing acute symptom management, the only cure is abstinence from cannabis use.**

## Diagnostic Considerations

- After consideration of alternative causes of acute vomiting, consider CHS in chronic cannabis users (typically daily use >1 year) with:
  - Cyclic vomiting and abdominal pain in absence of alternative diagnosis
  - Symptoms temporarily relieved by hot showers
  - Profound dehydration

## Management

- Assess for dehydration and consider need for IV rehydration and laboratory investigations (e.g., electrolytes, glucose, blood gas, urea, creatinine). Treat hypoglycemia and/or electrolyte abnormalities, as required.

Medication	Dose	Considerations
Haloperidol	0.05 mg/kg/dose IV (max 2.5 mg) x 1 dose	<b>DO NOT</b> use if risk factors for QT prolongation* or extrapyramidal symptoms. <sup>1,2</sup>
Capsaicin	0.025-0.1% cream applied topically as a thin film	<b>AVOID</b> ocular/mucosal contact. Most studies describe application to abdomen. May also apply to areas where patient notes improvement with hot water exposure, or backs of arms.
Ondansetron	15-30kg: 4 mg ODT/IV x 1 dose >30kg: 8 mg ODT/IV x 1 dose	Trial of Ondansetron may be reasonable, but evidence favors IV fluid/haloperidol. <sup>3</sup>

Note: Management recommendations for CHS are based on limited evidence, consensus and expert opinion. Haloperidol and Capsaicin are supported by limited medical literature and can be used concurrently.

\* Follow institutional protocol for ECG monitoring (recommended for haloperidol doses >2 mg IV)

## Counselling Families About Cannabis

- Cannabis abstinence is the only long-term treatment for Cannabis Hyperemesis Syndrome. Discuss possible cannabis withdrawal syndrome symptoms and that CHS may not immediately resolve.
- With the exception of CBD for specific seizure disorders, there are very few proven indications for medical cannabis use in children.
- Provide education on the safe storage of dangerous medication and substances.
- Use harm reduction strategies to counsel teens regarding cannabis use and refer to local resources/services due to long-term concerns for their mental health (increased risk for psychosis), attention, concentration, memory and executive functioning
- For more information for parents, visit: [Caring for Kids - Cannabis: what parents need to know.](#)

*Scan or click the QR code to learn more and  
to see a full list of references and development team members*



**Disclaimer:** The purpose of this document is to provide healthcare professionals with key facts and recommendations for the diagnosis and treatment of Cannabinoid Hyperemesis Syndrome (CHS) in children in the emergency department. The TREKK Network is not liable for any damages, claims, liabilities, costs or obligations arising from the use of this document including loss or damages arising from any claims made by a third party.

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