



Portage County EMS Patient Care Guidelines



Nausea and Vomiting

Note:

- Consider potential causes:
 - Infectious diseases
 - Food borne illness
 - Drug or alcohol intoxication
 - Adverse reaction to medication
 - Head injury
 - Diabetic problems
 - Heart problems (angina, CHF)
 - Abdominal problems (bowel obstruction, pancreatitis)
 - Vertigo

Priorities	Assessment Findings
Chief Complaint	Nausea and/or vomiting
LOPQRST	Onset, number of episodes of vomiting
AS/PN	Associated diarrhea? Bloody emesis or diarrhea?
AMPL	Recent travel, exposure to others with similar problem, contaminated food? Alcohol excess? Drugs or other toxins?
Initial Exam	ABCs and correct immediately life-threatening problems.
Detailed Focused Exam	Vital Signs: BP, HR, RR, Temp, SpO2 General: Ill appearing? Dehydrated? Abdomen: Soft? Tender? Distended? Neuro: ALOC?
Data	SpO2, SpCO
Goals of Therapy	Stop vomiting, relieve nausea, correct dehydration
Monitoring	Response to medications.

EMERGENCY MEDICAL RESPONDER/ EMERGENCY MEDICAL TECHNICIAN

- Routine Medical Care
- Administer oxygen 2 – 4 LPM per nasal cannula if SpO2 < 94%
 - Do not use an oxygen mask
- Check blood glucose level. Refer to *Altered Level of Consciousness guideline* as needed for hypo- or hyperglycemia.
- Refer to *Toxic Exposure/ Overdose guideline* as needed (i.e. carbon monoxide)
- Inquire as to others with similar symptoms. Notify incoming ambulance of positive findings.

Give a status report to the ambulance crew by radio ASAP.

ADVANCED EMERGENCY MEDICAL TECHNICIAN

- IV normal saline @ KVO
- Give a 500 ml bolus if signs of dehydration are present

Contact Medical Control for the following:

- Additional fluid orders

INTERMEDIATE

- **Ondansetron**[1]
 - ADULT 4 – 8 mg slow IV/IO push or 8 mg orally disintegrating tablet (ODT)
 - PEDS 2 – 4 mg slow IV/IO push or 4 mg ODT (child age 4 – 11 years) or 2 mg ODT (child age 2 – 4 years)

PARAMEDIC

- **Diphenhydramine** 25 – 50 mg IM or IV

Contact Medical Control for the following:

- Additional doses of ondansetron

FOOTNOTES:

[1] PARAMEDIC ONLY: Metoclopramide may be substituted for ondansetron in the event of medication shortage. **Metoclopramide** 10 mg IM or slow IV push.

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