

# Portage County EMS Patient Care Guidelines





# Nausea and Vomiting

#### Note:

- Consider potential causes:
  - Infectious diseases
  - Food borne illness
  - Drug or alcohol intoxication
  - o Adverse reaction to medication
  - Head injury
  - o 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	Vital Signs: BP, HR, RR, Temp, SpO2	
Exam	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%</li>
  - 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]
  - o 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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