

# Protocol 3-9

**SECTION:** Adult General Medical Emergencies

**PROTOCOL TITLE:** Medical – Nausea/Vomiting

**REVISED:** 01/2018

**OVERVIEW:**

The pre-hospital provider should be very careful to ensure that patients who present with vague complaints such as nausea and vomiting are thoroughly assessed. All patients presenting with nausea and vomiting should be screened for potential life-threats initially. Anti-emetic treatment should be considered a treatment of a symptom of an underlying illness or injury. The patient's symptoms and recent history must determine the most appropriate care. Frequently, treatment of an underlying cause and limiting movement may resolve or greatly reduce these complaints. However, persistent nausea and vomiting of unknown etiology may respond well to pharmaceutical therapy. Do not overlook the possibility of cardiac origin complaints, with atypical presentation of nausea/vomiting (i.e., diabetic and female patients)

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> <li>• Age</li> <li>• Time of last meal</li> <li>• Last bowel movement, emesis</li> <li>• Improvement, worsening with food or activity</li> <li>• Duration of signs and symptoms</li> <li>• Other sick contacts</li> <li>• Past medical, surgical history</li> <li>• Medications</li> <li>• Menstrual history (pregnancy)</li> <li>• Travel history</li> <li>• Recent trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Character of pain (constant, intermittent, sharp, dull, etc)</li> <li>• Distention</li> <li>• Constipation</li> <li>• Diarrhea</li> <li>• Anorexia</li> <li>• Radiation</li> <li>• Associated symptoms (helpful to localize source): Fever, headache, blurred vision, weakness, malaise, myalgias, cough, dysuria, mental status changes, rash</li> </ul>	<ul style="list-style-type: none"> <li>• CNS (increased pressure, headache, stroke, lesions, trauma, hemorrhage, vestibular)</li> <li>• Myocardial infarction</li> <li>• Drugs (NSAID's, antibiotics, narcotics, chemotherapy)</li> <li>• GI or renal disorders</li> <li>• Gynecological disease (ovarian cyst, PID)</li> <li>• Infections (pneumonia, influenza)</li> <li>• Electrolyte abnormalities</li> <li>• Food or toxin induced</li> <li>• Medications, substance abuse</li> <li>• Pregnancy</li> <li>• Psychologic</li> </ul>

	EMR	EMT	A	I	P
1. Perform general patient management.	•	•	•	•	•
2. Support life-threatening problems associated with airway, breathing, and circulation.	•	•	•	•	•
3. Administer oxygen to maintain $SPO_2$ 94 - 99%	•	•	•	•	•
4. Allow the patient to lie in a comfortable position.	•	•	•	•	•
5. Establish an IV of normal saline per patient assessment.			•	•	•

# NAUSEA / VOMITING

## NAUSEA / VOMITING

	EMR	EMT	A	I	P
6. Assess for signs of shock. If shock is suspected, follow the <i>Medical – Hypotension/Shock (non-trauma)</i> protocol.	•	•	•	•	•
7. Place the patient on the cardiac monitor and obtain / interpret <i>12 lead ECG</i> .		•	•	•	•
8. For severe nausea or vomiting, if available, give <i>ONDANSETRON (ZOFRAN) administer 0.1 mg / kg IV / IM up to 4 mg over 2 to 5 minutes.*</i>			•	•	•
9. If moderate to severe nausea or vomiting in adults only, consider administering <i>ONDANSETRON (ZOFRAN) ODT 4 mg tablet</i> .		•	•	•	•
10. May repeat <i>ONDANSETRON</i> dosing in adult after 5 minutes if needed			•	•	•
11. Transport and perform ongoing assessment as indicated.	•	•	•	•	•

### PEARLS:

1. Nausea and vomiting has many subtle, sometimes life threatening causes. Do not minimize its importance as a symptom of a serious life threatening illness or injury.
2. Atypical CVAs and vertebrobasilar artery compromise may present as benign vertigo or labyrinthitis. Therefore, it is recommended that all cases of vertigo should be transported for physician evaluation whenever possible.
3. Ondansetron (Zofran) may not be as effective for vertigo and labyrinthitis related nausea and vomiting.
4. For nausea and vomiting associated with dehydration, fluid replenishment may be sufficient in improving patient comfort and reduce the need for medication administration.
5. Performing an appropriate history and physical will identify life-threats and concerns that should receive priority over anti-emetic treatment.
6. In cases of toxic ingestion, including alcohol, poisons, and drug overdoses, vomiting is an internal protective mechanism and should not be prevented with pharmacological therapy in the pre-hospital environment. Care should be given to prevent aspiration.
7. Ondansetron (Zofran) is also safe and effective for nausea and vomiting in trauma patients and can be used in conjunction with pain management.
8. Proper documentation should include the mental status and vital signs before and after medication administration.