

NAUSEA AND VOMITING

UPDATED 2/2024

ALL PROVIDERS / EMT

- Focused history and physical exam
 - Blood glucose, temperature and oxygen saturation assessment
- Continuous cardiac, ETCO₂, blood pressure, and pulse oximetry monitoring.
- Treatment Plan**
 - Nothing by mouth (NPO)
 - Place the patient in an upright or lateral recumbent position.
 - Obtain a 12 lead EKG, if available, for:
 - Greater than 40 years old
 - Associated with chest or abdominal pain.
 - Pediatric lowest acceptable systolic blood pressures are birth to 1 month = 60mmHg, 1 month to 1 year = 70mmHg, 1 year to 10 years is = 70mmHg + (age x 2) and over 10 years = 90mmHg.

ADULT

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

- Provide Oxygen to maintain saturations of >94%
- Ondansetron ODT (Zofran) – 4-8 mg**

Pediatric EMT

- Provide Oxygen to maintain saturations of >94%
- Ondansetron ODT (Zofran) – 4-8 mg**

AEMT

- Vascular access and fluid therapy
- Document level of consciousness before and after giving medication
- Ondansetron 4mg IV/IM/IO**
 - IO only if already in place
- Promethazine 12.5–25 mg IV/IO/IM, only if SBP >90 mmHg, titrate to effect**
 - Dilute with 5–10 mL of NS and administer over 30 seconds
 - Avoid in elderly patients due to potential for sedation
 - Should be given through AC or larger vessel due to extravasation risk
- Promethazine 25 mg IM, only if no vascular access and SBP >90 mmHg**

AEMT

- Vascular access and fluid therapy
- Document level of consciousness before and after giving medication.
- Ondansetron (Zofran)**
 - > 2 years old- 0.1mg/kg IV/IM/IO once (max 4mg)
 - IO only if already in place
 - ⊗ **1-2 years old- 0.1 mg/kg IV/IM/IO**
 - ⊗ **Promethazine – requires OLMC contact.**

PARAMEDIC

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