

Acute Nausea & Vomiting Protocol

Acute nausea and vomiting may occur from a variety of illness including, but not limited to:

- Adverse medication effects
- Bowel obstruction
- Increased intracranial pressure
- Intraabdominal emergencies
- Myocardial infarction
- Other cardiac events such as tachydysrhythmias

An attempt at determining potential causes of isolated nausea or vomiting must be made in order to identify potential life threatening conditions.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. Place the patient in an upright or lateral recumbent position as tolerated.
3. Monitor airway status in vomiting patients as aspiration may occur. Reposition the patient as necessary to maintain a patent airway.
4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. **Note:** Oxygen by mask may trap secretions and compromise the airway if the patient is actively vomiting.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock & preparing the patient for or providing transport.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. Place the patient in an upright or lateral recumbent position as tolerated.
3. Monitor airway status in vomiting patients as aspiration may occur. Reposition the patient as necessary to maintain a patent airway.

Acute Nausea & Vomiting Protocol

BLS Care (continued)

4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. **Note:** Oxygen by mask may trap secretions and compromise the airway if the patient is actively vomiting
5. Perform **blood glucose level test**.
6. **Oral Glucose:** 15g PO if the patient's blood sugar is < 60mg/dL, the patient is alert to verbal stimuli, is able to sit in an upright position, has good airway control and has an intact gag reflex.
7. Perform a 2nd **blood glucose level test** to re-evaluate blood sugar 5 minutes after administration of Oral Glucose. If blood sugar remains <60mg/dL, administer a 2nd dose of Oral Glucose (15g).
8. **Glucagon:** 1mg IM or (if available) 2mg IN if blood sugar is < 60mg/dL, the patient is unresponsive and/or has questionable airway control or absent gag reflex.
9. Initiate ALS intercept if needed and transport as soon as possible.
10. Contact the receiving hospital as soon as possible.

ILS Care

ILS Care should be focused on continuing or initiating an advanced level of care, identifying potential serious conditions and stabilizing airway and circulation where appropriate.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. Place the patient in an upright or lateral recumbent position as tolerated.
3. Monitor airway status in vomiting patients as aspiration may occur. Reposition the patient as necessary to maintain a patent airway.
4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. **Note:** Oxygen by mask may trap secretions and compromise the airway if the patient is actively vomiting.
5. **Ondansetron (Zofran):** 4mg PO orally disintegrating tablet

Acute Nausea & Vomiting Protocol

ILS Care (continued)

5. **IV Fluid Therapy:** 20mL/kg fluid bolus if the patient is hypotensive to achieve a systolic BP greater than 100mmHg.
6. Perform **blood glucose level test**.
7. **Oral Glucose:** 15g PO if the patient's blood sugar is < 60mg/dL, the patient is alert to verbal stimuli, is able to sit in an upright position, has good airway control and has an intact gag reflex.

Dextrose 50%: 25g IV if blood sugar is < 60mg/dL.

Glucagon: 1mg IM or (if available) 2mg IN if blood sugar is less than 60mg/dL, the patient is unresponsive and/or has questionable airway control or absent gag reflex.

8. Perform a 2nd **blood glucose level test** to re-evaluate blood sugar 5 minutes after administration of Dextrose or Glucagon. Repeat Dextrose if BS is < 60mg/dL.
9. Initiate ALS intercept if needed and transport as soon as possible.
10. Contact the receiving hospital as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing a more advanced level of care, identifying potential serious conditions, stabilizing airway and circulation where appropriate and providing pharmacological relief from symptoms of nausea and vomiting.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. Place the patient in an upright or lateral recumbent position as tolerated.
3. Monitor airway status in vomiting patients as aspiration may occur. Reposition the patient as necessary to maintain a patent airway.
4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. **Note:** Oxygen by mask may trap secretions and compromise the airway if the patient is actively vomiting.

Acute Nausea & Vomiting Protocol

ALS Care (continued)

5. **Ondansetron (Zofran):** 4mg IV over 2 minutes

Ondansetron (Zofran): 4mg IM

Ondansetron (Zofran): 4mg PO orally disintegrating tablet

6. **IV Fluid Therapy:** 20mL/kg fluid bolus if the patient is hypotensive to achieve a systolic BP greater than 100mmHg.

7. Perform **blood glucose level test**.

8. **Oral Glucose:** 15g PO if the patient's blood sugar is < 60mg/dL, the patient is alert to verbal stimuli, is able to sit in an upright position, has good airway control and has an intact gag reflex.

Dextrose 50%: 25g IV if blood sugar is < 60mg/dL.

Glucagon: 1mg IM or (if available) 2mg IN if blood sugar is less than 60mg/dL, the patient is unresponsive and/or has questionable airway control or absent gag reflex.

9. Perform a 2nd **blood glucose level test** to re-evaluate blood sugar 5 minutes after administration of Dextrose or Glucagon. Repeat Dextrose if BS is < 60mg/dL.

10. Initiate transport as soon as possible.

11. Contact the receiving hospital as soon as possible.

Critical Thinking Elements

- Avoid use of Zofran in patients with congenital long QT syndrome as these patients are at particular risk for Torsades de Pointes