

## Santa Barbara County EMS County Wide Protocols

Policy 533-15

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NAUSEA / VOMITING	
ADULT	PEDIATRIC - (14 years and under)
BLS Procedures	
Administer oxygen as indicated     Refer to Policy 533-02 Airway Management	<ul> <li>Administer oxygen as indicated</li> <li>Refer to Policy 533-02 Airway Management</li> </ul>
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
Cardiac Monitor  • Cardiac monitor required throughout care  • In the event of any patient entanglement or extrication, place the monitor early and maintain it throughout the extrication  If moderate to severe nausea/vomiting is present or there is a potential for airway compromise (secondary to suspected/actual head injury)  • Consider vascular access  Ondansetron  • PO – 4mg ODT  • May repeat x1 in 10 mins  • IV/IO/IM – 4mg  • May repeat x1 in 10 mins	Cardiac Monitor  • Cardiac monitor required throughout care  • In the event of any patient entanglement or extrication, place the monitor early and maintain it throughout the extrication  If moderate to severe nausea/vomiting is present or there is a potential for airway compromise (secondary to suspected/actual head injury)  • Consider vascular access  Ondansetron  • Ages 6 months up to 5 years  • PO – 2mg ODT  • IV/IO/IM – 0.1mg/kg (Max of 2mg)  • Ages > 5 years  • PO – 4mg ODT  • IV/IO/IM – 0.1mg/kg (Max of 4mg)
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information	
In the event of prolonged interfacility transfers,     Ondansetron may be administered hourly, as needed, not to exceed a total dose of 32mg in adults.	In the event of prolonged interfacility transfers,     Ondansetron may be administered hourly, as needed, not to exceed a total dose of 16mg in pediatrics.

- **Ondansetron** is not required for pain control, but should be administered as needed fornausea/vomiting
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