

NAUSEA / VOMITING

ALL PROVIDERS / EMT

- ☐ Focused history and physical exam
 - Blood glucose, temperature and oxygen saturation assessment
- ☐ Continuous cardiac, ETCO₂, blood pressure, and pulse oximetry monitoring, when available
- ☐ **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

AEMT

- ☐ Vascular access and fluid therapy
- ☐ Document level of consciousness before and after giving medication
- ☐ **Ondansetron** 4mg IV/IM/PO
- ☐ **Promethazine** 12.5–25 mg IV titrated to effect if SBP >100 or peripheral pulse present
 - 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, if no vascular access

PARAMEDIC

PEDIATRIC (<15 years of Age)

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

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/PO once (max 4mg)
- ⌚ **1-2 years old- 0.1 mg/kg IV/IM/PO Once**
- ⌚ **Promethazine (Phenergan) – NOT recommended, requires OLMC contact.**

PARAMEDIC