

Nausea-Vomiting

Aliases

Emesis

Gastroenteritis

Patient Care Goals

Identify hypoglycemia or hyperglycemia

Prevent dehydration

Patient Presentation

Inclusion Criteria

Currently nauseated and/or vomiting

Exclusion Criteria

None noted

Patient Management

Assessment

1. Routine patient care (e.g., vital signs)
 2. History and physical examination focused on potential causes of nausea and vomiting (e.g., gastrointestinal, cardiovascular, obstetric, gynecologic, hypoglycemia, hyperglycemia, neurologic, oncologic, psychogenic, or toxidrome) as well as medications that may prolong the QT interval
 3. Obtain glucose level

Treatment and Interventions

1. Antiemetic medication administration
 - a. Isopropyl alcohol: Allow patient to inhale vapor from isopropyl alcohol wipe 3 times q (queue, every) 15 minutes as tolerated
 - b. Ondansetron (contraindicated for suspected or known diagnosis of prolonged QT syndrome)
 - i. **Adult:**
 1. 4 mg IV/PO/SL
OR
 2. 4 or 8 mg SL of the ODT formulation
 - ii. **Pediatric** (6 months – 14 years old):
 1. 0.15 mg/kg IV/PO (maximum dose of 4 mg)
OR
 2. 2 mg SL for ages 1–5 years old; age 6 and older use 4 mg of the ODT formulation
 - c. Metoclopramide
 - i. **Adult:** 10 mg IV/IM
 - ii. **Pediatric** (greater than 2 years old only and greater than 12 kg):
 1. 0.1 mg/kg IM
OR