



## 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 (quaque, 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**