

Nausea and Vomiting – Nursing Management (Adult age 17 years and older)

Site Applicability

Coastal Acute

Excludes:

- Documented allergy to DimenhyDRINATE.
- Known/suspected head injury, cerebral edema, pulmonary edema, CHF may exhibit GI symptoms.
- Contraindicated for pregnant or lactating mother.(MD consult required)

Practice Level

| Profession | Setting | Advanced Skill (requiring additional education) |
|------------|------------|--|
| RN | Acute Care | Nurse Independent Activity: The following NIA have been approved for use as noted in the site applicability above. <ul style="list-style-type: none"> • These medications/treatments can be administered to independently treat: <p>Select one of the following medications:</p> <ul style="list-style-type: none"> ○ DimenhyDRINATE 25 – 50 mg q 4-6 h PO/supp/IM for nausea/vomiting x 1 dose <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ○ DimenhyDRINATE 12.5 – 25 mg IV q 4-6h for nausea/vomiting x 1 dose |
| | | Nurse Initiated Protocol: The following NIP has been approved for nurses to initiate/ requisition and/or perform: <ul style="list-style-type: none"> • Consider restriction of oral fluids or NPO • Follow up with physician if there is restriction of oral fluids or NPO |

Goal

Safe and effective prevention/management of acute nausea and vomiting.

Policy Statement

- This document does **not reflect the ongoing management of persistent or treatment of nausea and vomiting.**
- **Consultation with a physician or nurse practitioner involved in the client's care is required.**
- The use of NIA is supported within VCH and is defined:
 - Policy: [Nurse Initiated Activities \(NIA\) and Nurse Initiated Protocols \(NIP\)](#) (BCD-11-11-40001)
 - Education includes: LearningHub [NIA Course](#).
- Physician/NP orders override the use of NIA.

Note: This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

Need to Know

- Antiemetics may cause confusion and profound sedation in the elderly. Start with the smallest dose.
- Assess hydration status: check for dry mucous membranes, decreased skin turgor, tachycardia, oliguria (decreased urine output).
- Non-pharmacologic interventions to promote hydration (oral rehydration therapy).
- Physician notification for ongoing therapy.
- Consider restriction of oral fluids or NPO

Practice Guideline

| Assessment for Decision Making | |
|--------------------------------|--|
| Allergies: | Note type and reaction |
| Neurological: | <ul style="list-style-type: none"> • Change in level of consciousness, mental status, presence of confusion, assess for delirium or dementia |
| CVS: | <ul style="list-style-type: none"> • Full set of vital signs (Temp, BP, HR, Resps, O₂ sat less than 94% consider O₂) • Skin appearance-color, diaphoresis; perform glucometer |
| GI: | <ul style="list-style-type: none"> • Pain assessment – Onset, location, radiation, duration, precipitating/alleviating factors, frequency, type/pain score • Severity, associated symptoms • Nausea and/or vomiting time of onset, duration, quantity and quality • Bowel movement history • Appetite • Abdominal distention/rigidity • Bowel Sounds • Breath Odor |
| GU: | <ul style="list-style-type: none"> • Frequency • Amount • Concentration • Urine output less than 30 ml/hr is indicative of dehydration and a provider should be notified |
| History: | <ul style="list-style-type: none"> • Similar episodes of pain and symptoms • Note any tests already done elsewhere for same complaint • Medical/surgical history • Medications • Alcohol/Substance misuse/Smoking |

Precautions/Special Considerations:

- Should be used with caution in persons with glaucoma or prostatic hypertrophy.
- Notify MD immediately STAT if:
 - Patient known/suspected to have head injury, cerebral edema, pulmonary edema or CHF.
 Patients with these conditions may exhibit GI symptoms.
- Determine whether nausea and vomiting is an acute (few days) or chronic (greater than 4 weeks) problem.
- Most acute episodes of nausea and vomiting are caused by viral gastroenteritis and are self-limiting; supportive therapy is all that is indicated.
- Nausea is entirely subjective and is commonly described as a sensation immediately proceeding vomiting.

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Documentation

- As per site documentation practices.
- NIA Documentation (in the 'Orders' section of the client chart) – should be in accordance with health authority NIA policies:
 - Policy: [Nurse Initiated Activities \(NIA\) and Nurse Initiated Protocols \(NIP\)](#) (BCD-11-11-40001)

References

www.medlineplus.gov August, 2016

Gravol (dimenhydrinate) [product monograph]. Mississauga, Ontario, Canada: Church & Dwight Canada Corp; January 2016.

Developed by

CPD Developer Lead(s):
Educator, PACU, LGH
Practice Initiatives Lead, Professional Practice, Coastal

Endorsed by

Coastal Operations Directors

Final Sign-off & Approval for Posting by

Director, Professional Practice Nursing & Allied Health, Coastal

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