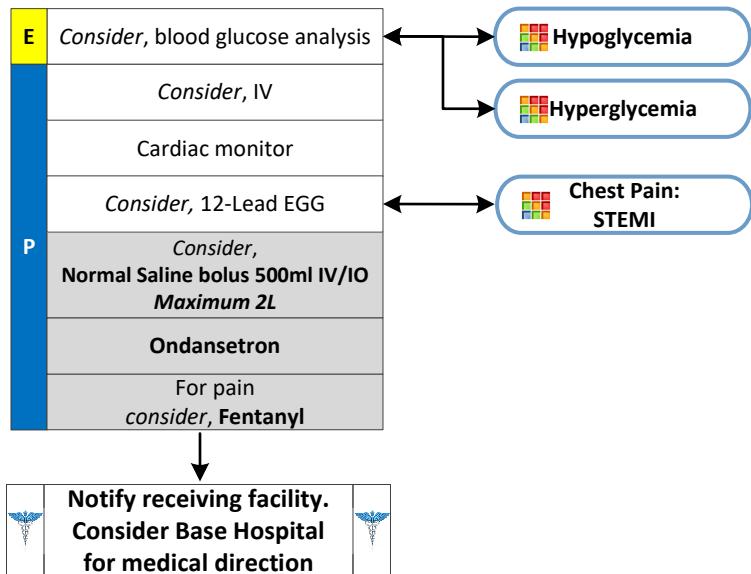


Nausea/Vomiting

For any nausea or vomiting without blood. Not for adverse reaction to opiate administration by EMS; manage with primary impression

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> Age Time of last meal Last emesis/bowel movement Improvement or worsening with food or activity Duration of problem Contact with other sick person Past medical history Past surgical history Medications Allergies Menstrual history (Pregnancy) Travel history Bloody emesis/diarrhea 	<ul style="list-style-type: none"> Abdominal pain Character of pain (constant, intermittent, dull, sharp, etc.) Distension Constipation Diarrhea Anorexia Radiation <p>Associated symptoms (helpful to localize source): Fever, headache, blurred vision, weakness, malaise, myalgia, cough, dysuria, mental status changes, and rash</p>	<ul style="list-style-type: none"> CNS (increased pressure, headache, stroke, CNS lesions, trauma or hemorrhage, vestibular) MI Drugs (NSAIDs, antibiotics, narcotics, chemotherapy) GI or renal disorders Diabetic ketoacidosis Gynecologic disease (ovarian torsion, PID) Infections (pneumonia, influenza) Electrolyte abnormalities Food or toxin induced Medication or substance abuse Pregnancy Psychological

**Pearls**

- Document the mental status and vital signs prior to administration of anti-emetics and pain medications.
- Nausea and vomiting are common symptoms but can be symptoms of uncommon and serious pathology, such as stroke, CO poisoning, acute MI, new onset diabetes, DKA, and organophosphate poisoning. Maintain a high index of suspicion.

