

TITLE: **BLS NAUSEA and VOMITING**EMS Policy No. **5543**

**San Joaquin County
Emergency Medical Services Agency**



BLS NAUSEA / VOMITING

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 3.1, Sections 100066.01

INFORMATION NEEDED:

Discomfort: location, quality, severity, onset of symptoms, duration, aggravation, alleviation.

Associated symptoms: nausea, emesis, diarrhea, fever, diaphoresis, vertigo, "heart burn".

Gastrointestinal: time and description of last meal, time of last bowel movement, signs of blood in stool.

Gynecological: date of last menstrual period, possible pregnancy, history of vaginal bleeding.

Medical history: surgery, related diagnosis (infection, hepatitis, stones, etc.), medication (OTC and prescribed), self-administered remedies (baking soda, Epsom salts, enemas).

OBJECTIVE FINDINGS:

General appearance: level of distress, skin color, diaphoresis.

Abdominal tenderness: guarding, rigidity, distention, rebound Pulsating masses (aneurysm).

TREATMENT:

1. Primary Survey – ensure ABC's.
2. Place patient in position of comfort or supine with legs elevated if patient is hypotensive.
3. Monitor SpO₂.
4. Administer oxygen for shortness of breath or signs of hypoxia: Oxygen 10-15 L/min via non-rebreathing mask. Patients with ineffective respirations: support ventilations with BVM and airway.
5. **Transport providers only:** For persistent nausea / vomiting in the adult (≥ 18 years) non pregnant patient:
 - a. Ondansetron 4 mg oral dissolving tablet (ODT).
 - b. Advise patients not to swallow ODT and allow medication to dissolve in mouth.
6. Secondary Survey and Routine Medical Care.

Note: Completion of a thorough secondary exam and patient history are essential to identify potential cardiac involvement or early signs of shock.

** Contact the base hospital if additional orders are needed or the patient has atypical presentation

Effective: July 1, 2025

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Supersedes: *Signed by:*

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