

AA. NAUSEA AND VOMITING

1. Inclusion Criteria

Patients presenting with nausea and/or vomiting due to underlying injury, medical condition, active motion sickness, or medication side effect/complication.

Under certain injury or medical conditions, vomiting or intense nausea can complicate the existing injury or medical condition. Preventative administration of an anti-nausea/anti-emetic should be considered (e.g., penetrating eye injury, high risk for aspiration, side effects of opioid administration).



2. Treatment

- a) Place patient either in position of comfort or in left lateral position if not prevented by spinal protection or packaging.
- b) Allow patient to inhale vapor from isopropyl alcohol wipe 3 times every 15 minutes, as tolerated. **(NEW '20)**



- c) Establish IV access with LR, if appropriate.
- d) Administer fluid bolus, if appropriate. 20 mL/kg of LR IV. Titrate to a systolic pressure of 90 mmHg.
- e) Adult: Administer ondansetron 8 mg SLOW IV over 2–5 minutes OR 4–8 mg IM OR 8 mg orally disintegrating tablet (ODT)
May repeat once without medical consultation.



A third dose may be administered, to a maximum total dose of 24 mg.



- f) Establish IV access with LR, if appropriate.
- g) If age-related vital signs and patient's condition indicate hypoperfusion, administer initial fluid bolus of 20 mL/kg LR IV/IO.

Pediatric:

For patients 28 days – 12 years old: Administer ondansetron 0.1 mg/kg SLOW IV over 2–5 minutes

For patients 13–18 years of age: Administer ondansetron 8 mg ODT OR 8 mg SLOW IV over 2–5 minutes

OR

If no IV: Administer ondansetron 0.1 mg/kg IM (with max single dose of 8 mg);
May repeat once without medical consultation.



A third dose may be administered, to a maximum total dose of 0.3 mg/kg or 24 mg, whichever is lower.