



Nausea / Vomiting

Assessment

Pediatric Pearls:

- Use pediatric dosing of medications or electrical therapy for a pediatric patient < 37 kg and as defined by the PEDIA Tape.
- Pediatric hypotension is defined as SBP < 70 + (age in years x 2) mmHg

Signs & Symptoms:

- Fever
- Pain
- Constipation
- Diarrhea
- Anorexia
- Hematemesis

Differential:

- CNS (Increased ICP, headache, stroke, CNS lesions, Trauma or hemorrhage)
- Vestibular
- AMI
- Drugs (NSAIDS, antibiotics, narcotics, chemotherapy)
- GI or GU disorders
- Uremia
- Gynecologic disease (Ovarian Cyst / PID)
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or Toxin induced
- Pregnancy

Clinical Management Options

P	P	P	P	P	P	<ul style="list-style-type: none"> • Oxygen • BGL assessment • Orthostatic vital sign assessment if appropriate
L	L	L	L	L	L	<ul style="list-style-type: none"> • Vascular access • Adult & Pediatric: Ondansetron (Zofran) • Adult: Diphenhydramine if N/V refractory to Ondansetron • IV fluid with Isotonic Crystalloid as needed for dehydration
1	2	3	4	5	6	<ul style="list-style-type: none"> • ECG monitoring and interpretation • Adult: Tranexamic acid (TXA) with confirmed upper or lower GI bleeding AND hypotension if < 3 hours since bleeding onset • Adult: Haloperidol for refractory N/V

Consult Online Medical Control As Needed

Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- Assess number of times of emesis
- Appearance of emesis: bloody, coffee ground, bilious – green bile – solids and liquid or just liquid
- Heart rate: One of the first clinical signs of dehydration, almost always increased heart rate, tachycardia increases as dehydration becomes more severe, very unlikely to be significantly dehydrated if heart rate is close to normal.