



## POLICY PEDIATRIC M1 NAUSEA AND VOMITING

Effective Date : January 16,2017

Last Review: New Policy

Next Review: January 2019

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**Authority:** Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

### **GENERAL INDICATIONS:**

To alleviate nausea and vomiting from a variety of causes including but not limited to gastroenteritis, motion sickness, appendicitis. May be given prior to transport to prevent nausea/vomiting; May be given to prevent nausea/vomiting from pain medication administration; May use diphenhydramine as an alternative if allergic to ondansetron.

### **BLS TREATMENT:**

**OXYGEN:** as appropriate, goal to maintain SPO2 at least 94%, assist ventilations as necessary, be prepared to suction airway if necessary

**VITALS:** assess vitals refer to length based assessment tape for vitals limits

**BLOOD SUGAR CHECK:** test blood sugar if indicated

### **ALS TREATMENT:**

**MONITOR:** treat rhythm as appropriate

**BLOOD SUGAR CHECK:** test blood sugar if indicated

**IV ACCESS:** rate as appropriate; if severe vomiting or signs of dehydration administer 20 ml/kg fluid bolus and reassess patient; repeat as necessary.

**ONDANSETRON:** 4 mg ODT, IV, IM or IO. Don't use ODT in patients with GCS < 14. Try to use ODT as first route of choice if possible; may give every 10 minutes as necessary to max dose of 12 mg total.

**DIPHENHYDRAMINE:** 1 mg/kg PO, IM or IV up to a max of 25 mg.

### **CONSIDERATIONS:**

Ondansetron is for ages 2 years and above; less than 2 years of age requires **BASE HOSPITAL PHYSICIAN ORDER.**

Syncope may occur when Ondansetron is given IV, give slowly over 60 seconds. For prolonged transport time consider Diphenhydramine for motion sickness.