

Kent County EMS, Inc.
Community Paramedicine Protocol
Gastrointestinal Complaints

Initial Date: 10/21/2019

Revised Date:

Section 11-7

Gastrointestinal Complaints

This protocol provides guidance for the evaluation and treatment of a patient with GI complaints by Community Paramedics/Mobile Integrated Health Paramedics (CP/MIHPP).

Purpose: Evaluation and treatment of patients with presumed simple GI complaints. These include nausea, vomiting and/or diarrhea of short duration, and constipation.

TANDEM365 Directives:

1. Follow *General Treatment Protocol 11.2*.
2. If assessment findings reveal concerns regarding constipation, the following may be considered:
 - a. If the participant reports hard stools or difficulty with the ability to easily produce bowel movements, the Community Paramedic or Mobile Integrated Health Medic (CP/MIHP) may recommend the patient obtain and take the following:
 - i. Colace OTC, 100mg tablet two times a day.
 - ii. Senna-S OTC, 1 tablet two times a day.
 - b. If the participant reports no bowel movement for three days, the patient may be advised to obtain and do one of the following:
 - i. bisacodyl OTC, 10mg suppository
 - ii. milk of magnesia OTC, 30cc (excludes participants with ESRD)
 - c. If the above interventions do not produce a bowel movement, and bowel sounds are present, the CP/MIHP may administer or instruct competent caregiver to administer:
 - i. Fleet's enema OTC one time (excludes participants with ESRD)
3. If assessment findings reveal nausea or vomiting lasting longer than 12 hours, the CP/MIHP may administer the following:
 - a. Ondansetron, 4mg OTD, IV, or IM
4. If assessment findings reveal diarrhea that has lasted longer than 12 hours, the CP/MIHP may recommend the patient obtain and take the following:
 - a. Imodium OTC; follow dosing instructions as advised by the medication label.
5. After treatment, the patient will be reassessed. Treatment goals include: Cessation of nausea and/or vomiting, toleration of PO fluids or food, and cessation or improvement in abdominal complaints.
6. The CP/MIHP will communicate with the patient's care team as outlined in the *General Treatment Protocol 11-2* to develop a continuity plan.