



NAUSEA/ VOMITING

Adult Medical

Austin County
EMS Protocol & Guideline

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Medical Director: Benjamin Oei, M.D.

Overview: Nausea and vomiting is one of the most common presentations which alone is an unwanted experience, much less if it is associated with other complaints. Effective control of a patient's nausea and vomiting directly gives a positive impact to the patient's experience.

Definition: Any patient who is reporting and/or observed to be experiencing nausea and/or vomiting.

EMT

- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO₂ monitoring appropriate to patient presentation
- **Ondansetron** 4mg tablet - May repeat once -for Nausea & Vomiting

AEMT

- **IV** - Normal Saline
- **Ondansetron** 4 mg IV – May repeat once
- **Diphenhydramine** 12.5-25 mg IV – 25-50 mg IM, **Max** dose 50 mg - Use half dose in elderly patients

Paramedic

PEARL

- Studies and safety reviews being conducted by the FDA suggest that the administration of Ondansetron may cause Torsades de Pointes in patients who present with prolonged QT Intervals.
- Ondansetron typically has a better efficacy for patients pre-vomiting, and Diphenhydramine typically has a better efficacy for patients who are or have been actively vomiting, however, if known which treatment is more appropriate for the individual patient, these can be utilized interchangeably.
- Ondansetron and Diphenhydramine can be administered to the same patient. Ensure enough time has elapsed to allow the first administered medication to reach therapeutic effects.
- Diphenhydramine typically causes a decrease in the ability to assess CNS/cognitive functions. It is imperative that the medic accurately and fully assess the patient's neurologic status prior to administering Diphenhydramine to ensure good, comprehensive assessment and report for the receiving staff.