



# Nausea/Vomiting

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| INDICATION   | <ul style="list-style-type: none"> <li>Patients experiencing nausea/vomiting.</li> </ul>  |
| BLS          | <ul style="list-style-type: none"> <li>Follow <a href="#">General Medical Care M-01</a>.</li> <li>For pediatric patients, follow <a href="#">General Pediatric Care P-01</a>.</li> </ul>  |
| ALS          | <ul style="list-style-type: none"> <li><b><a href="#">Ondansetron</a></b>: <i>Adult</i>: 4 mg IV/IM/PO. May repeat every 10 minutes, MAX total dose of 12 mg.<br/><i>Pediatric</i>: IV/IO/IM; may repeat every 10 minutes. Administer according to PediaTape weight calculation and <a href="#">Pediatric Medication Reference Cards</a>.</li> <li>For motion sickness only, consider giving in addition to ondansetron:             <ul style="list-style-type: none"> <li><b><a href="#">Diphenhydramine</a></b>: <i>Adult</i>: IV/IO 25mg. May repeat once in 5 min. IM: 50 mg. No repeat doses<br/><i>Pediatric</i>: IV/IO/IM; base order required for repeat dosing. Administer according to PediaTape weight calculation and <a href="#">Pediatric Medication Reference Cards</a>.</li> </ul> </li> <li>Consider <a href="#">Fluid Challenge AP-09</a>, if patient has been experiencing significant vomiting.</li> </ul> |
| KEY CONCEPTS | <ul style="list-style-type: none"> <li>Give ondansetron with caution if patient gives history of prolonged QT Syndrome.</li> <li>Ondansetron may be prophylactically co-administered with fentanyl only if pain control is necessary and patient asks or has a history of nausea / vomiting with opiates.</li> <li>Oral disintegrating tablets can be placed on tongue and do not need to be chewed. Medication will dissolve and be swallowed with saliva.</li> </ul>  |