

# Pediatric Nausea/Vomiting

For any nausea or vomiting without blood. Not for adverse reaction to opiate administration by EMS; manage with primary impression

### History

- Age
- Time of last meal
- Last emesis/bowel movement/number of wet diapers
- Improvement or worsening with food or activity
- Duration of problem
- Contact with other sick person
- Past medical history
- Past surgical history
- Medications
- Allergies
- Travel history
- Bloody emesis/diarrhea

### Signs and Symptoms

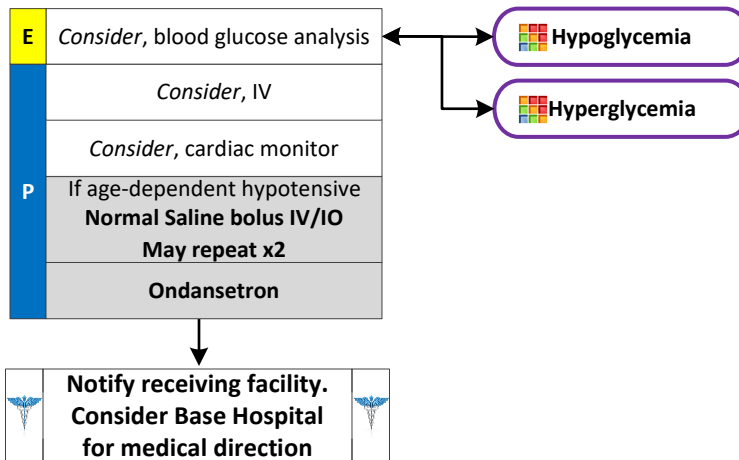
- Abdominal pain
- Character of pain (i.e., constant, intermittent, dull, sharp, etc.)
- Distension
- Constipation
- Diarrhea
- Anorexia
- Radiation

#### Associated symptoms (helpful to localize source):

Fever, headache, blurred vision, weakness, malaise, myalgia, cough, dysuria, mental status changes, and rash

### Differential

- CNS (increased pressure, headache, stroke, CNS lesions, trauma or hemorrhage, vestibular)
- GI or renal disorders
- Diabetic ketoacidosis
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or toxin induced
- Medication or substance exposure



### Pearls

- Document the mental status and vital signs prior to administration of anti-emetics and pain medications.
- Nausea and vomiting are common symptoms but can be symptoms of uncommon and serious pathology. Consider other primary impressions.