

Nausea/Vomiting

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

History

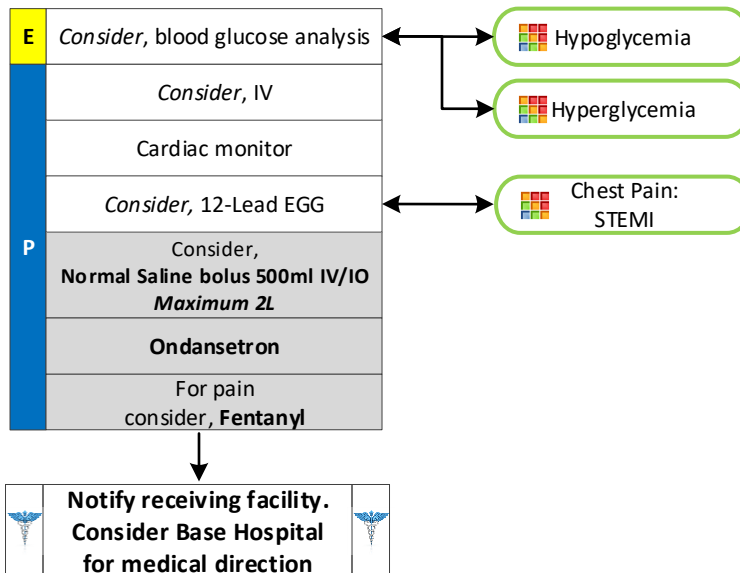
- Age
- Time of last meal
- Last emesis/bowel movement
- Improvement or worsening with food or activity
- Duration of problem
- Contact with other sick person
- Past medical history
- Past surgical history
- Medications
- Allergies
- Menstrual history (Pregnancy)
- Travel history
- Bloody emesis/diarrhea

Signs and Symptoms

- Abdominal pain
 - Character of pain (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)
- MI
- Drugs (NSAIDs, antibiotics, narcotics, chemotherapy)
- GI or renal disorders
- Diabetic ketoacidosis
- Gynecologic disease (ovarian torsion, PID)
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or toxin induced
- Medication or substance abuse
- Pregnancy
- Psychological



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, such as stroke, CO poisoning, acute MI, new onset diabetes, DKA, and organophosphate poisoning. Maintain a high index of suspicion.

