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

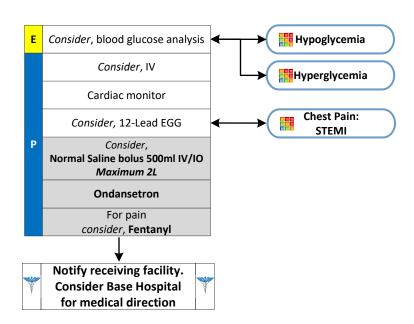
- Abdominal pain
- Character of pain (constant, intermittent, dull, sharp, etc.)
- Distension
- Constipation
- Diarrhea
- Anorexia
- Radiation

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



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- 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.

