Nausea/Vomiting

**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.

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**Treatment Protocol**

**E**
- Consider, blood glucose analysis
- Consider, IV
- Cardiac monitor

**P**
- Consider, 12-Lead EKG
- Normal Saline bolus 500ml IV/IO
  - Maximum 2L
- Ondansetron
- For pain consider, Fentanyl
- Notify receiving facility. Consider Base Hospital for medical direction

**Consider**
- Hypoglycemia
- Hyperglycemia
- Chest Pain: STEMI

**Effective April 2024**