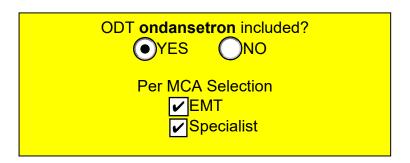


Michigan GENERAL TREATMENT NAUSEA & VOMITING

Initial Date: 8/24/2012 Revised Date: 07/19/2023

Nausea & Vomiting

- Section 1-3
- 1. Follow General Pre-hospital Care-Treatment Protocol.
- 2. Consider underlying causes of nausea and vomiting (i.e., stroke, trauma, cardiac, etc.) and further evaluate according to appropriate protocol.
- 3. Pediatric patients (< 14 years of age) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol.
- 4. İsopropyl alcohol Consider allowing patient to inhale vapor from isopropyl alcohol wipe 3 times every 15 minutes as tolerated
- 5. For patients > 30 kg that are not actively vomiting, administer **ondansetron** (i.e., Zofran) 4mg ODT(availability and licensure level per MCA selection).
 - a. Contraindications: Patients with Phenylketonuria (PKU)



- S 6. For signs of dehydration, administer NS or LR IV/IO fluid bolus (refer to Vascular Access and IV Fluid Therapy-Procedure Protocol).
 - a. Adults: up to 1 liter.
 - 🥾 b. Pediatrics: up to 20 ml/kg
- (\$) 7. Hypotensive patients should receive additional IV/IO fluid boluses, as indicated by hemodynamic state.
 - a. Adults: repeat IV/IO fluid bolus to a maximum of 2 liters.
 - b. Pediatrics: repeat dose of 20 ml/kg to a maximum of 40 ml/kg
 c. Monitor for pulmonary edema.
 - d. If pulmonary edema presents, stop fluids and contact Medical Control for direction.
- 8. Administer **ondansetron** IV/IM if ODT not already administered or if patient vomited post ODT administration. (Per MCA selection, may be a Specialist skill)



- a. Adults 4mg IV/IM
- b. Pediatrics refer to MI MEDIC cards.
- c. i. If MI MEDIC cards are not available administer 0.1 mg/kg IV/IM, maximum dose of 4 mg

MCA Name: Jackson County MCA MCA Board Approval Date: 1/16/24 MCA Implementation Date: 4/1/24 MDHHS Approval: 7/19/23



Michigan GENERAL TREATMENT NAUSEA & VOMITING

Initial Date: 8/24/2012 Revised Date: 07/19/2023

Section 1-3

- 9. Repeat **ondansetron** (may be Specialist skill if selected above)
 - a. Adults: 4mg IV/IM
 - b. Pediatrics: 0.1 mg/kg IV/IM, maximum dose of 4 mg
 - c. Total maximum dose **ondansetron** (all/any route) for pediatrics or adults 8 mg
- 10. Consider **diphenhydramine** when previous medications have been ineffective or are contraindicated.
 - a. Adult: 12.5-25 mg IV/IM. Maximum dose 25 mg.
 - b. Pediatric (>2 years of age AND > 12 kg): 1.0 mg/kg IV. Maximum dose 25 mg.

<u>Medication Protocols</u> Diphenhydramine Ondansetron