

## Nausea / Vomiting

When the patient presents with active vomiting and/or profound nausea from illness, myocardial infarction, narcotic administration, or traumatic mechanisms, **Ondansetron** is the medication of choice. **Promethazine HCL** may be administered as a second line option.

1. Assess patient to determine airway patency and that **NO** aspiration has occurred.
2. O<sub>2</sub> by cannula PRN.
3. Ask patient if he/she has a long QT syndrome. If yes, don't administer antiemetics without consulting medical control.
  
4. Start IV and begin appropriate fluid bolus (500cc-adults, 20cc/kg-peds)

**IF** patient is hypotensive = B/P < 90 Systolic.

### Carefully regulate fluid and monitor V/S in the presence of closed head injury.

5. Adults: Administer **Ondansetron** 4 mg undiluted **SLOW** IV push (preferably 2-5 minutes). Reevaluate patient and V/S.
6. Pediatric: Replace fluid volume in the dehydrated pediatric patient prior to medication administration. If vomiting or profound nausea continues, administer **Ondansetron** 0.1 mg/kg (for children 40 kg or less, over 40 kg use adult dose) **SLOW** IV push. Reevaluate patient and V/S.

### Or

7. Adults: Administer **Promethazine** 12.5 mg (dilute medication 9:1 = 9.5cc NS to 0.5cc **Promethazine** in 10cc syringe). May substitute 25 mg **Promethazine** IM, non-diluted.

### **DO NOT USE PROMETHAZINE ON PATIENTS 12 Y/O OR YOUNGER WITHOUT ONLINE MEDICAL CONTROL**

8. Pediatric: Administer **Promethazine** 0.5 mg/kg (dilute medication 9:1 as noted above). **DO NOT** exceed 12.5 mg total dose.
9. Use with caution in the presence of possible closed head injury. Vomiting can increase intracranial pressure (ICP) and may exacerbate hypotension. Carefully regulate fluid and closely monitor V/S.
10. Monitor patients receiving **Promethazine** closely for possible signs of extra-pyramidal effects of phenothiazines. If visual impairment, hallucinations or disorientation, marked erythema, or extreme sedation occur, be prepared to administer **Benadryl** 50 mgs IV-adult or 1-2mgs/kg-pediatric **AFTER** contacting Medical Control.
11. **Contact Medical Control.**
12. Medical Control Options:
  - a. Diversion to closer facility.
  - b. Order appropriate **Benadryl** dose in the presence of untoward or extra-pyramidal effects requiring intervention.
  - c. Additional fluid volume replacement.
  - d. Intubation as indicated.
    - i. Pediatric use of **Promethazine** (12 y/o or less) **MUST BE** authorized by Medical Control.