Vomiting and Diarrhea

**History**
- Age
- Time of last meal
- Last emesis/bowel movement
- Improvement or worsening with food or activity
- Duration of problem
- Other sick contacts
- Past medical history
- Past surgical history
- Medications
- 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 cyst, PID)
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or toxin induced
- Medication or substance abuse
- Pregnancy
- Psychological

**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

**Pearls**
- Ondansetron is not indicated or useful for motion sickness.
- Document the mental status and vital signs prior to administration of anti-emetics.

**Treatment Guideline A20**

**Effective Jan. 2016**

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**Establish IV/IO**
- Consider 2 large bore sites
- Cardiac monitor
- 12-Lead ECG

**Normal Saline 500ml bolus**
- Repeat as needed
- Titrate to BP ≥ 90
- Maximum 1L

**Nausea or vomiting**
- Yes
  - P
  - Blood glucose analysis
    - Yes
      - P
      - Appropriate Cardiac TG(s) as indicated
      - Exit to Hypotension / Shock TG as indicated
    - No
      - Notify receiving facility
        - Contact Base Hospital for medical direction
  - No
    - Yes
      - P
      - Ondansetron 4mg IV/IO/IM/ODT May repeat 1x in 15 minutes

**Serious sign/symptoms**
- Hypotension, poor perfusion, shock

**Consider, Establish IV**
- Cardiac monitor
- 12-Lead ECG

**Consider Normal Saline 500ml bolus**
- Repeat as needed
- Titrate to BP ≥ 90
- Maximum 1L

**Nausea or vomiting**
- Yes
  - P
  - Blood glucose analysis
    - Yes
      - P
      - Appropriate Cardiac TG(s) as indicated
      - Exit to Hypotension / Shock TG as indicated
    - No
      - Notify receiving facility
        - Contact Base Hospital for medical direction
  - No
    - Yes
      - P
      - Ondansetron 4mg IV/IO/IM/ODT May repeat 1x in 15 minutes