



NAUSEA-VOMITING - PEDIATRIC

ALS STANDING ORDERS:

1. If signs of dehydration or poor perfusion:

- ▶ Establish IV/IO access
- ▶ Infuse normal saline 20 mL/kg (maximum 250 mL) IV/IO bolus and make BH contact (CCERC preferred). May repeat twice for a total of 3 boluses as a standing order.

2. For continuous nausea or vomiting and age 4 years or greater, administer:

- ▶ Ondansetron (Zofran™) 4 mg (one 4 mg ODT tablet) to dissolve orally on inside of cheek as tolerated;

3. If altered mental status or unresponsive:

Obtain blood glucose and document finding, if blood glucose less than 60, administer one of:

- ▶ Oral glucose preparation, if airway reflexes are intact.
- ▶ 10% Dextrose 5 mL/kg IV (maximum dose 250 mL).
- ▶ Glucagon 0.5 mg IM if unable to establish IV.

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.

4. Maintain airway, suction as necessary.

5. ALS transport to nearest appropriate ERC, contact Base Hospital (CCERC base preferred) as needed.

Approved:

Review Dates: 05/16, 11/16, 05/17, 10/19
Final Date for Implementation: 04/01/2020
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TREATMENT GUIDELINES:

- Repeated vomiting can result in hypovolemic shock. If dehydration suspected, intravenous normal saline infusion is required to help control vomiting.
- Vomiting can be a symptom of diabetic ketoacidosis, frequently associated with marked elevation in blood glucose level, which is best treated with normal saline as described in SO above.

Approved:

Carl Schultz, MD

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