



San Benito County Emergency Medical Services Agency

MANAGEMENT OF NAUSEA AND VOMITING

Policy : M4-P
Effective : July 1, 2010
Reviewed : May 1, 2010

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000).
- B. Pay particular attention to maintaining a patent airway, and protecting the patient from aspiration.
- C. Consider underlying causes for nausea/vomiting, and treat as appropriate.¹
- D. Attempt non-invasive methods of reducing nausea/vomiting, including reducing environmental stimulation, providing fresh air, applying oxygen, reducing unpleasant odors, and using distracting techniques.
- E. Prepare for transport/transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000).
- B. Pay particular attention to maintaining a patent airway, and protecting the patient from aspiration.
- C. Consider underlying causes for nausea/vomiting, and treat as appropriate.¹
- D. 0.1 mg/kg IV/IO/IM to a total of 4 mg, two years of age or more, or Orally Dissolving Tablet (ODT) as follows:
 - 2 – 3 years of age – 2 mg ODT
 - 4 years and up – 4 mg ODT
- E. For patients > 40 kg, may repeat to a total of 8 mg IV/IO/IM/ODT.
- F. Transport.
- G. Contact Base Station as needed.

¹ *Common causes of nausea vomiting include administration of narcotics, car sickness, head injury, toxic ingestion, abdominal pain of varying etiologies, gastroenteritis, acute myocardial infarction, stroke. Consider co-administration of ondansetron with morphine sulfate, particularly in those patients with a history of nausea/vomiting with previous administrations.*

Notes:

- Ondansetron is safe for pregnancy
- Ondansetron rarely causes sedation, and is typically well tolerated by all ages of patients.
- Remember that nausea/vomiting is a symptom. Be aware of underlying causes.

Zofran

(Ondansetron)

Class: Antiemetic (serotonin 5-HT₃ receptor antagonist)

Action: Reduces vagus nerve activity, diminishing activation of the vomiting center in the medulla. Blocks serotonin receptors in the chemoreceptor trigger zone.

Indication: Nausea/Vomiting

How Supplied: 2 mg/ml in 2 ml vial, or as 4 mg Orally Dissolving Tablet (ODT)

Dosing: Adults: 8 mg IV/IO/IM or 8 mg ODT to a total dose of 16 mg.
Pediatrics: 0.1 mg/kg IV/IO/IM to a total of 4 mg, two years of age or more, or ODT as follows:
- 2 - 3 years of age – 2 mg ODT
- 4 years and up – 4 mg ODT
For pediatric patients > 40 kg, may repeat dosing to a total of 8 mg IV/IO/IM/ODT.

Onset: Three to five minutes IV/IO, 5 – 10 minutes ODT/IM.

Duration: Peak duration is 4 hours.

Contra-

Indications: - Patient less than one year of age (IV/IO), less than 2 years of age ODT.
- Patients with allergies to ondansetron, or other 5-HT₃ antagonists such as Granisetron (Kytril), Dolasetron (Anzemet), and Palonosetron (Aloxi)

Adverse

Reactions: - Tachycardia
- Hypotension
- Syncope (with rapid administration)

Comments - Rarely causes sedation
- Side effects/adverse reactions uncommon
- IV/IO administration should occur slowly, over at least 1 minute