

I. General Considerations

- A. The causes of nausea and vomiting are many and varied.
 - B. Primary concern focuses on the airway and its maintenance.
 - C. Secondary concern focuses on adequacy of perfusion.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. Determine the onset, timing, progression and duration of the nausea and vomiting.
 - B. What other symptoms does the patient relate (fever, chest pain, trouble breathing, abdominal pain, diarrhea, etc.)?
 - C. If the patient relates that there is pain, where is it (head, chest, abdomen, eye, etc.)?
 - D. When did the patient last eat? What was it?
 - E. Has the patient had any surgeries in the past?
 - F. When was the last bowel movement? Was there any blood or black material in it? Did the vomitus appear bloody or like coffee grounds?
 - G. Obtain the past medical history including hypertension, diabetes, coronary disease and strokes.
 - H. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
 - I. Is there a history of trauma?
 - J. If the patient is female:
 - 1. Could the patient be pregnant?
 - 2. Determine when the last menstrual period was.
 - 3. Have menstrual periods been regular?
 - 4. Has there been any vaginal bleeding?
 - K. Has the patient noted a headache?
 - L. Has there been any dizziness? or change in vision?
 - M. Has there been any exposure to carbon monoxide? Is anyone else ill?
 - N. Have there been any cold or flu like symptoms? (e.g., congestion, cough, fever, body aching?)
 - O. Does the patient drink alcohol or use over the counter medications, especially aspirin and ibuprofen?
 - P. Does the patient note abdominal bloating or distension?
 - Q. Has the patient overdosed on any substances?
 - R. What treatment has been initiated?
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III. Physical Examination

- A. Perform an initial assessment.
- B. Perform a focused history and physical exam.
- C. Assess the patient's neurological condition.
- D. Inspect the environment (i.e., could harmful gases be present? Are there bees or allergic sources nearby?)
- E. Inspect the vomitus/stools.

Paramedic

- F. Assess the cardiac rhythm.
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IV. Treatment

{If any other condition is noted for which a protocol is available, follow that protocol.}

Basic

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Consider administering high concentration oxygen.
- C. Transport in a position of comfort if possible. Transport patient on the left side if there is a depressed level of consciousness but respirations are adequate.

Intermediate

- D. Secure IV access. Obtain blood specimen for glucose determination at the hospital if the receiving hospital desires it.
- E. Perform capillary blood glucose determination. Do not use blood from IV start.
- F. *If patient's blood glucose level is <80 mg/dl, administer dextrose 50% 25 gm IV in a secure vein for an adult (standing order for paramedics) or 0.5 - 1 gm/kg for a child.*

Paramedic

- G. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.