

### TREATMENT:

- A. Treat per Universal Patient Care.
- B. If shock syndrome is present follow Shock protocol.
- C. Consider fluid challenge in patients exhibiting signs of dehydration.
- D. Give **Ondansetron 4 mg IM/PO or slow IV/IO** push over 2-5 minutes.
  1. If nausea and/or vomiting are inadequately controlled after 10 minutes, may repeat **Ondansetron 4 mg** once for a max dose of 8mg.
  2. Consider **Droperidol 1.25 mg IV/IM/IO** or **Haldol 2.5 mg IV/IM/IO** for N/V not responsive to Ondansetron. May repeat after 10 minutes prn.
  3. If the patient shows adverse reaction or dystonia to antiemetic administration, administer **Benadryl 12.5 - 25 mg IV/IM/IO**.
  4. If Cyclic Vomiting syndrome is suspected, **Droperidol** or **Haldol** should be the first line anti-emetic.
- E. If patient continues to vomit administer fluid challenge and consider other causes.

### PEDIATRIC PATIENTS:

- A. *Ondansetron use in patients under 2 years of age requires OLMC consultation.*
- B. For children < 40 kg administer **Ondansetron 0.1mg/kg slow IV/IM/IO** push over 2 minutes up to a total maximum IV dose of 4mg.
- C. Consider **Droperidol** or **Haldol** for nausea/vomiting not responsive to Ondansetron. **OLMC required for dosing/authorization**

### NOTES & PRECAUTIONS:

- A. Do not administer ondansetron (Zofran®) to patients with a hypersensitivity to the drug or other 5-HT<sub>3</sub> type serotonin receptor agonists (e.g., dolasetron [Anzemet®] and granisetron [Kytril]) Do not administer alkaline medications or preparations in the same IV as ondansetron as it may cause precipitation.

### KEY CONSIDERATIONS:

Vomiting blood or bile, complaint of nausea, medications and allergies, pregnancy, abdominal pain or trauma, diarrhea, head trauma, orthostatic vital signs.