

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 PO** or slow **IV/IM/IO** push over 2 minutes up to a total maximum IV dose of 4mg.

KEY CONSIDERATIONS:

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