



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. M4
April 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: MANAGEMENT OF NAUSEA AND VOMITING

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. Ondansetron 4 mg IV/IO/IM or Ondansetron 4 mg ODT. May repeat every 5 - 10 minutes as needed to control nausea and vomiting to a total of 16 mg.²
- E. Transport.
- F. Contact Base Station as needed.

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 is contraindicated in patients with diagnosed Long QT Syndrome, and for those who are currently taking Amiodarone, Haldol, Methadone, Procainamide, or Seroquel.

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, and stroke. Consider co-administration of ondansetron with morphine sulfate, particularly in those patients with a history of nausea/vomiting with previous administrations.

² IV/IO administration should occur over 1 minute. IV/IO administration has a faster onset of action than IM/Oral routes.

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 Disintegrating Tablet (ODT)
- Dosing:** Adults: 4 mg IV/IO/IM or 4 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 2 years of age.
 - Patients with allergies to ondansetron, or other 5-HT₃ antagonists such as Granisetron (Kytril), Dolasetron (Anzemet), and Palonosetron (Aloxi)
 - Patients with diagnosed Long QT Syndrome, and for those who are currently taking Amiodarone, Haldol, Methadone, Procainamide, or Seroquel.
- 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