

POLICIES AND PROCEDURES

POLICY: 554.46 TITLE: Nausea

EFFECTIVE: 07/01/2024 REVIEW: 07/2027

SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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NAUSEA

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL

The purpose of this protocol is to assist patients who have uncontrollable nausea with extended transport times and/or patients who have nausea from the administration of narcotics.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

F O D Χ **ASSESSMENT** $X \mid X$ Χ **PULSE OXIMETRY**: apply and monitor. XX Χ **CAPNOGRAPHY:** apply and monitor. Χ XX **OXYGEN**: if pulse oximetry <94% or signs of respiratory distress. Χ ECG MONITOR: as appropriate. Lead placement may be delegated. Treat as Χ indicated. VASCULAR ACCESS: IV/IO, rate as indicated. X *ONDANSETRON: 4 mg IM/IV/IO, or 4 mg Oral Disintegrating Tablet (ODT) Χ for nausea and/or vomiting. May be repeated twice, not to exceed 12 mg. **DIPHENHYDRAMINE: 25 mg IM/IO or slow IV. May be repeated once to a Χ maximum of 50 mg.

*PRECAUTIONS FOR ONDANSETRON:

- Known Sensitivity to Ondansetron (Zofran) or other 5-HT-3 antagonists.
 - Granisetron (Kvtril)
 - Dolasetron (Anzemet)
 - Palonosetron (Aloxi)

** PRECAUTIONS FOR DIPHENHYDRAMINE:

• USE WITH CAUTION IN PATIENTS WITH:

- o Barbiturates, opiates, hypnotics, tricyclic antidepressants, MAOIs & alcohol.
- CNS depression
- o Asthma
- Pregnancy

• WATCH CLOSELY FOR:

- Mouth dryness
- o Respiratory depression
- Vomiting
- Hypotension
- Slurred speech
- o Allergic reaction