

Abdominal Pain / Severe Nausea / Vomiting (Adult and Pediatric)**CFR AND ALL PROVIDER LEVELS**

1. ABCs and vital signs.
2. Airway management, and appropriate oxygen therapy.
3. If a traumatic cause is suspected, see the Abdominal Injuries (Adult and Pediatric) protocol.
4. Do **not** allow the patient to eat or drink.

● CFR STOP**EMT**

5. Assess for shock and treat, if appropriate. (See the Shock / Sepsis (Adult), or Shock / Sepsis (Pediatric) protocol)
6. Place patient in position of comfort.
7. Transport.

● EMT STOP**Paramedic**

8. Intravascular access.
9. Monitor vital signs every 5 minutes.
10. Consider and treat, as per appropriate protocol, underlying causes of the patient's nausea/vomiting (e.g., poisoning, Myocardial Ischemia, etc.).
11. For patients over 2 years of age with severe nausea, or vomiting: Administer Ondansetron* 0.1 mg/kg (maximum dose is 4 mg), PO/IV/IM bolus. (May give the IV formulation orally (PO), if tolerated.)
 - a. For continued severe nausea, or vomiting, repeat Ondansetron* 0.1 mg/kg (maximum dose is 4 mg), PO/IV/IM bolus once (1). Maximum total dose is 8 mg. (May give the IV formulation orally (PO), if tolerated.)

● Paramedic STOP**Key Points / Considerations**

1. ***Drug Advisories:**
 - a. **Ondansetron** - has been associated with prolongation of the QT interval, possibly resulting in Torsades de Pointes.
 - i. Should be used with caution in patients with:
 1. A history of cardiac disease
 2. Those taking other medications known to prolong the QT interval
 - ii. Should **NOT** be administered to patients with a history of familial QT prolongation.
2. Consider cardiac monitoring and obtaining a 12-lead EKG, for detection of prolonged QT or cardiac etiology of symptoms.
3. Refer all weight based fluids/medications for pediatric patients to a Length Based Dosing Device.