



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
PEDIATRIC

BH-P-090
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VOMITING (REPEATED)

BASE GUIDELINES	ALS STANDING ORDER
<p>1. Repeated vomiting can result in hypovolemic shock. If dehydration suspected, intravenous normal saline infusion is required to help control vomiting.</p> <p>2. Vomiting can be a symptom of diabetic ketoacidosis associated with marked elevation in blood glucose level, which is best treated with normal saline intravenous boluses.</p> <p>3. Recurrent vomiting can be a symptom of head injury, assure there are no signs of trauma or head injury.</p>	<p>1. If signs of dehydration or poor perfusion:</p> <ul style="list-style-type: none">▶ <i>Establish IV access</i>▶ <i>Infuse 20 mL/kg Normal Saline bolus, may repeat twice to maintain perfusion.</i> <p>2. For continuous nausea or vomiting, age 4 years or greater, administer:</p> <ul style="list-style-type: none">▶ <i>Ondansetron (Zofran™) 4 mg (one 4 mg ODT tablet) to dissolve orally on inside of cheek as tolerated.</i> <p>3. If altered mental status or unresponsive:</p> <p>Obtain blood glucose and document finding, if blood glucose equal to or less than 60, administer one of:</p> <ul style="list-style-type: none">▶ <i>Oral glucose preparation, if airway reflexes are intact.</i>▶ <i>10% Dextrose 5 mL/kg IV (maximum dose 200 mL).</i>▶ <i>Glucagon 0.5 mg IM if unable to establish IV.</i> <p><i>Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.</i></p> <p>4. Maintain airway, suction as necessary.</p> <p>5. ALS transport to nearest appropriate ERC, contact Base Hospital as needed.</p>

Approved:

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