

PG20 Pediatric Nausea/Vomiting

Objectives:

- To appropriately assess and treat pediatric patients who are profoundly nauseous or vomiting

General Information:

- Nausea and vomiting generally are not life-threatening conditions
- Suction should be readily available whenever a patient is nauseous or vomiting
- Zofran (ondansetron) may be administered when vomiting could produce an airway obstruction (for example, in backboarded patients) or for patient comfort when the patient is repeatedly vomiting
 - a) Dose: 0.15 mg/kg up to total dose of 4 mg slow IV push (over 2-5 minutes) or IM if IV is not available, may be repeated at same dose in 20 minutes
 - b) Repeated doses generally are not effective; however, if the patient is still vomiting 20 minutes after the first dose, a repeat dose may be given
 - c) Pregnancy category B medication- providers should consult medical control before administering Zofran to a pregnant patient



Warnings/Alerts:

- Ventilating an unconscious vomiting patient will produce aspiration and airway obstruction- suctioning is essential
- Use caution when administering ondansetron with amiodorone or haloperidol due to an increased risk of arrhythmias from prolonged Q-T intervals
- Fluid bolus should be given cautiously in the pediatric population

OMD Notes:

- There are conditions that cause vomiting in which a fluid bolus might increase intracranial pressure and cause a rapid deterioration, such as intracranial lesions, tumors, acute bleeding, malfunctioning VP shunts

References:

- Epocrates.com
- Rxlist.com

Performance Indicators:

Document Cause (if Known) Type of Emesis Treatment and Response to Treatment

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