

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	9020.02
	<u>PROGRAM DOCUMENT:</u>  <b>Pediatric</b> <b>Nausea and/or Vomiting</b>	Initial Date:	11/15/15
		Last Approval Date:	05/01/16
		Effective Date:	11/01/18
		Next Review Date:	07/01/20

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Signature on File  
EMS Medical Director

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Signature on File  
EMS Administrator

**Purpose:**

- A. To serve as a treatment standard for treating pediatric patients with nausea and/or vomiting.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

<b>BLS</b>	
I.	Consider oxygen therapy per Pediatric Airway Management PD # 8837
II.	Assess and treat, as appropriate, for underlying cause.
III.	Perform blood glucose determination
<b>ALS</b>	
I.	Cardiac Monitoring
II.	If vital signs or exam suggests volume depletion, consider: <ul style="list-style-type: none"> <li>a) IV/IO access</li> <li>b) Normal Saline 30 ml/kg</li> <li>c) Recheck vitals every 5 minutes</li> </ul>
III.	Consider Ondansetron <ul style="list-style-type: none"> <li>a) Patients <math>\geq</math> 40 kg: 4 mg PO; Max 4 mg</li> <li>b) Patients <math>\leq</math> 40 kg: 0.1 mg/kg slow IV push; Max 4 mg</li> </ul>
Cross Reference	Pediatric Airway Management PD #8837