

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	9020.06
	PROGRAM DOCUMENT:	Initial Date:	11/15/15
	<b>Pediatric</b> <b>Nausea and/or Vomiting</b>	Last Approval Date:	06/22/23
		Effective Date:	11/01/25
		Next Review Date:	12/01/26

Signature on File

Signature on File

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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To establish 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:**

BLS	
<ol style="list-style-type: none"> <li>1. Consider oxygen therapy per PD # 8837 – Pediatric Airway Management.</li> <li>2. Assess and treat, as appropriate, for underlying causes.</li> <li>3. Perform blood glucose.</li> <li>4. Maintain normal body temperature.</li> </ol>	
ALS	
<ol style="list-style-type: none"> <li><del>1.</del> <del>Cardiac Monitoring</del></li> <li>2. If vital signs or exam suggests volume depletion, consider:               <ol style="list-style-type: none"> <li>a) IV/IO access.</li> <li>b) Normal Saline 20 ml/kg x 1.</li> <li>c) Recheck vitals every 5 minutes.</li> </ol> </li> <li>3. Consider Ondansetron if age &gt; one (1) month and weight ≥ eight (8) kg.               <ul style="list-style-type: none"> <li>[8-15 kg]:                   <ul style="list-style-type: none"> <li>• Dose: 2 mg PO/IM x 1; Alt: 0.15 mg/kg/dose IV/IO x 1.</li> </ul> </li> <li>[16-30 kg]:                   <ul style="list-style-type: none"> <li>• Dose: 4 mg PO/IM x 1;</li> <li>Max: 4 mg/dose; Alt: 0.15 mg/kg/dose IV/IO x 1.</li> </ul> </li> <li>[&gt; 31 kg]:                   <ul style="list-style-type: none"> <li>• Dose 4 mg PO/IM x 1</li> <li>Max: 8 mg/dose PO/IM; Alt: 0.15 mg/kg/dose IV/IO x 1.</li> </ul> </li> </ul> </li> </ol>	

Cross Reference: PD #8837 – Pediatric Airway Management