Pediatric Nausea and/or Vomiting

EMS Medical Director:
Signature on File
EMS Administrator:
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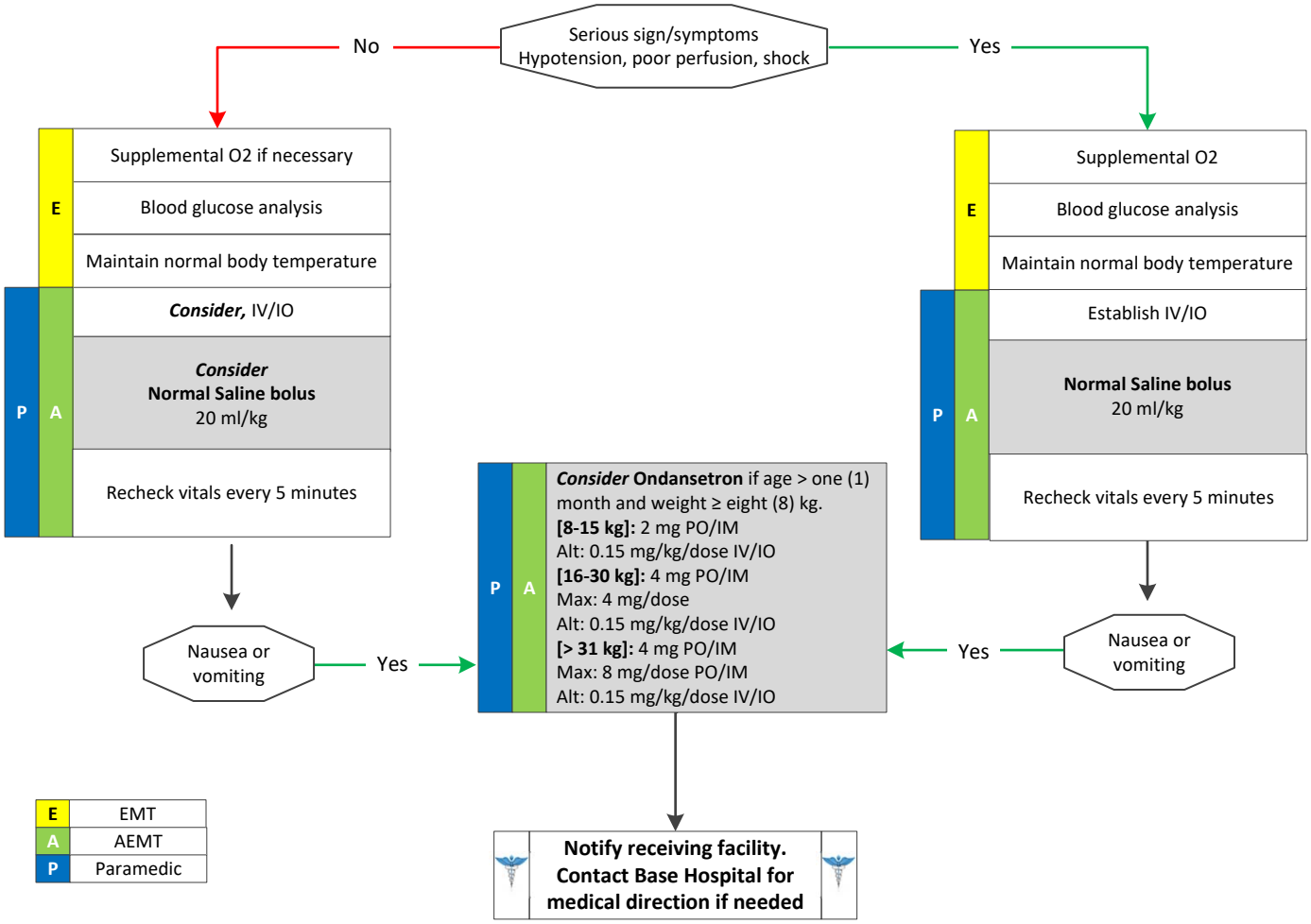
History
- Age
- Time of last meal
- Last emesis/bowl movement
- Improvement or worsening with food or activity
- Duration of problem
- Other sick contacts
- Past medical history
- Past surgical history
- Medications
- Menstrual history (Pregnancy)
- Travel history
- Bloody emesis/diarrhea

Signs and Symptoms
- Abdominal pain
- Character of pain (constant, intermittent, dull, sharp, etc.)
- Distension
- Constipation
- Diarrhea
- Anorexia
- Radiation

Associated symptoms (helpful to localize source):
Fever, headache, blurred vision, weakness, malaise, myalgia, cough, dysuria, mental status changes, and rash

Differential
- CNS (increased pressure, headache, stroke, CNS lesions, trauma or hemorrhage, vestibular)
- MI
- Drugs (NSAIDs, antibiotics, narcotics, chemotherapy)
- GI or renal disorders
- Diabetic ketoacidosis
- Gynecologic disease (ovarian cyst, PID)
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or toxin induced
- Medication or substance abuse
- Pregnancy
- Psychological



Pearls
- One of the first clinical signs of dehydration is almost always an increased heart rate. Tachycardia increases as dehydration becomes more severe, very unlikely to be significantly dehydrated if heart rate is close to normal.
- Beware of only vomiting (without diarrhea) in children. Pyloric stenosis, bowel obstruction, and CNS processes (bleeding, tumors, or increased CSF pressures) all often present with isolated vomiting.
- Ondansetron is not indicated for motion sickness.

Pediatric Treatment Protocols

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