Information Needed

1. Onset, number of episodes, color of emesis and stool.
2. Associated vertigo, dizziness, fever, dehydration.
3. Past history of bowel disease, liver disease, gallbladder disease, pancreas disease, abdominal surgery, recent new medications, exposures to similar illness.
4. History of travel or consumption of suspect food or water.
5. Other associated symptoms such as headache, abdominal pain, flank/back pain, chest pain, shortness of breath, urinary tract symptoms and missed menses may lead you to other protocols.

Treatment

1. Vital signs (including blood glucose).
2. High flow oxygen if GI bleed suspected.
3. Cardiac monitor.
4. IV access with NS—Fluid bolus if hypotensive or toxic appearing.
5. Ondansetron or Phenergan for nausea/vomiting.
6. Pain treatment only in consultation with medical control.

Notes

1. Nausea and vomiting without significant diarrhea is part of many disease processes and may be any level of significance.
2. When there are significant episodes of watery diarrhea, the disease process is much more likely to be an intestinal infection as viral gastroenteritis or an intestinal toxin as in food poisoning.
3. Nausea and vomiting may be the only symptoms of an MI. 12 lead EKG is indicated if the patient's history suggests potential cardiac problems.
4. Sustained vomiting and/or diarrhea can cause serious electrolyte imbalances. Continuous ECG and 12 lead EKG should be used.