

POLICY: 554.46  
TITLE: Nausea

EFFECTIVE: 07/01/2024DRAFT  
REVIEW: 07/2027DRAFT  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## NAUSEA

### I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

### II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, AEMT-s, and Paramedics within their scope of practice.

### III. PROTOCOL

The purpose of this protocol is to improve patient comfort by treating nausea when indicated. assist patients who have uncontrollable nausea with extended transport times and/or patients who have nausea from the administration of narcotics.

**Provider Key:** F = First Responder/EMR    E = EMT    O = EMT Local Optional SOP  
P = Paramedic    A=Advanced EMT    ——— D = Base Hospital Physician Order  
Required

|                                                                                                                                                      | F | E        | O        | <u>A</u> | P | D |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|----------|----------|---|---|
| <b>ASSESSMENT</b>                                                                                                                                    | X | X        | X        | <u>X</u> | X |   |
| <b>PULSE OXIMETRY:</b> apply and monitor.                                                                                                            |   | X        | X        | <u>X</u> | X |   |
| <b>CAPNOGRAPHY:</b> apply and monitor.                                                                                                               |   |          |          |          | X |   |
| <b>OXYGEN:</b> if pulse oximetry <94% or signs of respiratory distress.                                                                              | X | X        | X        | <u>X</u> | X |   |
| <b>ECG MONITOR:</b> as appropriate. Lead placement may be delegated. Treat as indicated.                                                             |   |          |          |          | X |   |
| <b>VASCULAR ACCESS:</b> <u>P - IV/IO, AEMT - IV only</u> , rate as indicated.                                                                        |   |          |          | <u>X</u> | X |   |
| <b>*ONDANSETRON:</b> 4 mg IM/IV/IO, or 4 mg Oral Disintegrating Tablet (ODT) for nausea and/or vomiting. May be repeated twice, not to exceed 12 mg. |   | <u>X</u> | <u>X</u> | <u>X</u> | X |   |
| <b>**DIPHENHYDRAMINE:</b> 25 mg IM/IO or slow IV. May be repeated once to a maximum of 50 mg.                                                        |   |          |          |          | X |   |

### **\*PRECAUTIONS FOR ONDANSETRON:**

- Known Sensitivity to Ondansetron (Zofran) or other 5-HT-3 antagonists.
  - Granisetron (Kytril)
  - Dolasetron (Anzemet)
  - Palonosetron (Aloxi)

**\*\* PRECAUTIONS FOR DIPHENHYDRAMINE:**

• **USE WITH CAUTION IN PATIENTS WITH:**

- Barbiturates, opiates, hypnotics, tricyclic antidepressants, MAOIs & alcohol.
- CNS depression
- Asthma
- Pregnancy

• **WATCH CLOSELY FOR:**

- Mouth dryness
- Respiratory depression
- Vomiting
- Hypotension
- Slurred speech
- Allergic reaction