	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9020.03
	PROGRAM DOCUMENT:	Initial Date:	11/15/15
	Pediatric Nausea and/or Vomiting	Last Approval Date:	05/01/16
		Effective Date:	07/01/21
		Next Review Date:	12/01/22

EMS Medical Director	EMS Administrator

## Purpose:

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

## **Authority:**

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

## **Protocol:**

BLS					
l.	Consider oxygen therapy per Pediatric Airway Management PD # 8837				
II.	Assess and treat, as appropriate, for underlying cause.				
III.	Perform blood glucose determination				
ALS					
I.	Cardiac Monitoring				
II.	If vital signs or exam suggests volume depletion, consider:				
	a) IV/IO access				
	b) Fluid bolus x 1 of	Normal Saline 20 ml/kg			
	c) Recheck vitals every 5 minutes Consider Ondansetron				
III.					
<ul> <li>a) Patients ≥ 40 kg: 4 mg PO or IV; Max 4 mg</li> <li>b) Patients ≤ 40 kg: 0.1 mg/kg slow IV push; Max 4 mg</li> </ul>					
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Cross Reference		Pediatric Airway	PD #8837		
		Management			
		Pediatric Shock	PD #9013		