

**SECTION: PM-9**

**PROTOCOL TITLE: Pediatric Nausea, Vomiting, Vertigo and Dehydration**

**REVISED: January 28, 2010**

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**GENERAL COMMENTS:** Nausea and vomiting are general complaints that can have any number of underlying causes. Care should be taken to screen for significant pathology and treat accordingly. Dehydration can have significant impact on a Child's health, and left un-checked, progress to life-threatening shock.

**BLS SPECIFIC CARE: See General Pediatric Care Protocol PM-1**

**ILS SPECIFIC CARE: See General Pediatric Care Protocol PM-1**

- IV access (to a max of three attempts) only if needed due to severity of underlying injury or illness, or marked dehydration. Otherwise defer until arrival of ALS providers
  - IV: Crystalloid solution at a TKO rate
  - 10-20 cc/kg, repeat as needed for 3 total boluses
- IO access: as needed for markedly critical patients after unsuccessful peripheral vascular access. Follow fluid administration guidelines as above

**ALS SPECIFIC CARE: See General Pediatric Care Protocol PM-1**

- Assess and treat underlying disorder
- BG as appropriate

*Antiemetics*

- Zofran (ondansetron) IV/IM/IO
  - 0.1 mg/kg to a maximum of 4 mg
- Benadryl (diphenhydramine) IV/IM/IO
  - 1 mg/kg to a maximum of 25 mg
- Diphenhydramine (Benadryl)
  - IV, IM: 1-2 mg/kg
  - Max dose of 25 mg

*Benzodiazepines:* To be used for inner ear pathology (vertigo, labyrinthitis, etc)

- Diazepam (Valium)
  - IV: 0.2-0.3 mg/kg given slowly. Repeat every 5-10 minutes PRN
  - PR: 0.5 mg/kg
  - MAXIMUM DOSAGE: 10 mg

# Protocol PM-9

## PED NAUSEA, VOMITING, VERITIGO AND DEHYDRATION

### PHYSICIAN PEARLS:

*ALS Providers may decrease the dosage, or prolong the administration intervals of any medication with sedative properties when doing so would decrease adverse effects and still likely obtain the clinical goal.*

**Providers should assess for acute onset of Diabetes Mellitus and hyperglycemia as a cause of persistent nausea, vomiting, and dehydration. Previously undiagnosed diabetes and/or hyperglycemia should be evaluated by a physician ASAP.**