

SECTION: PM-08

PROTOCOL TITLE: PEDIATRIC NAUSEA, VOMITING, VERTIGO  
AND DEHYDRATION

REVISED: December 01, 2022

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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 Childs health, and left un-checked, progress to life-threatening shock.

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

- Obtain blood glucose
- Antiemetics:*
  - Zofran (Ondansetron)
    - **ODT:** 4 mg
    - Hold for children < 2 years of age or < 20 kg
    - Repeat one time in 10 minutes, if needed, or consider IM/IV/IO Zofran (ALS only)

**AEMT/O.M. Specific Care:** See General Pediatric Care Protocol PM-1

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

- Antiemetics:*
  - Zofran (Ondansetron)
    - **IV/IM/IO:** 0.15 mg/kg to a maximum of 4 mg
    - Repeat 1 time PRN.
    - **Call medical control to exceed total 8 mg (from any route)**
  - Benadryl (diphenhydramine) IV/IM/IO:
    - **IV/IM/IO:** 1-2 mg/kg MAX of 25 mg

# Protocol PM-08

## **PED NAUSEA, VOMITING, VERITIGO AND DEHYDRATION**

### **PHYSICIAN PEARLS:**

Care should be given when administering medications with sedative properties to patients who may have consumed alcohol or are receiving other CNS depressants.

Nausea can mask many pathologies. All providers are responsible to investigate and consider differential pathologies when giving anti-emetics.

Providers should assess for acute onset of Diabetes Mellitus, closed head injury/abuse, and hyperglycemia as a cause of persistent nausea, vomiting, and dehydration.

Previously undiagnosed diabetes and/or hyperglycemia, as well as suspected abuse, should be evaluated by a physician ASAP.