Approved 11/08/23, Effective 1/15/24, replaces all prior versions

9A ABDOMINAL PAIN/NAUSEA/VOMITING/DIARRHEA
ADULT & PEDIATRIC

TREATMENT PRIORITIES
1. Supportive care
2. IVF if needed for hypotension
3. Antiemetic for active vomiting

EMD

ADVISE TO REST IN COMFORTABLE POSITION
ADVISE NO FOOD OR DRINK
ADVISE TO AVOID MOVEMENT UNLESS NECESSARY

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMR | **EMT**

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O2 VIA NC OR NRB AS APPROPRIATE

NAUSEA/VOMITING
ADULT/PEDIATRIC: ISOPROPYL ALCOHOL PADS HELD 1 TO 2 CM BELOW NARES
(MAX 3 PADS EVERY 15 MINUTES)

EMT-I85 | **AEMT**

IV ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ANTIEMETIC (IF ACTIVELY VOMITING)
ADULT: ONDANSETRON 4 mg IVP/ODT. MAY REPEAT ONCE IN 10 MINUTES
PEDIATRIC: ONDANSETRON 0.1 mg/kg IVP TO A MAXIMUM SINGLE DOSE OF 4 mg
IF AGE >2 years, MAY GIVE ONDANSETRON 4 mg ODT

ANALGESIA (IF REQUIRED)
FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg

ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO
MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.
OR
ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.
OR
ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP.
MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

PEDIATRIC: OLMCP ORDER ONLY

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)