

Universal Care 1-01

If there is ANY concern of cardiac cause:

P Continuous ECG Monitoring & 12-Lead ECG 1-05

If Nausea or Vomiting:

P	Zofran [ondansetron] 4 mg IV/IO, IM 4 mg PO (ODT)
	Peds (<1 yr): contact Med Control Peds (1-4 yr): 2 mg IV/IO or IM ½ tab (2 mg) ODT PO Peds (>4 yr): 4 mg IV/IO or IM 1 tab (4 mg) ODT PO
	Repeat: every 15 min Max: 4 doses

or

Phenergan [promethazine] 12.5 mg IV/IO 25 mg IM
Peds (<4 yr): contact Med Control Peds (>4 yr): 0.5 mg/kg IV/IO or IM
Repeat: every 15 min Max: 2 doses

For new/acute pain, consider:

Pain Management RX-02



M-01
ABDOMINAL PAIN/
VOMITING



KEY POINTS:

- Always consider non-GI life-threatening causes of abdominal pain:
 - **Cardiac/STEMI:** Consider 12-lead EKG for any upper abdominal pain or nausea/vomiting as they can be symptoms of an Acute Coronary Syndrome, even in the absence of chest pain or shortness of breath.
 - **Aortic Aneurysm/Dissection:** Especially consider with hypotension or syncope with abdominal pain. Treat as potential hemorrhagic shock with fluid resuscitation and possibly needing vasopressors.
 - **Pregnancy:** Ectopic pregnancy until proven otherwise (if US not done before). Can have large volume of blood loss if ruptures. Treat hypotension as hemorrhagic shock.
 - **Diabetic Ketoacidosis (DKA):** Consider with vague abdominal pain and vomiting with evidence of dehydration (tachycardia, hypotension, etc.). Glucose can be only mildly elevated but is generally >300. Treatment is with fluid resuscitation and pressors if needed in the field, and insulin drip in the ED.

QI Review Parameters:

1. {PENDING}