

Universal Care 1-01

If there is ANY concern of cardiac cause:

Continuous ECG Monitoring & 12-Lead ECG 1-05

If Nausea or Vomiting:

<b>A</b>	<b>Zofran [ondansetron]</b> <b>4 mg IV/IO, IM</b> <b>4 mg PO (ODT)</b>
	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: 2 doses	

or

<b>Second-Line</b>
<b>Phenergan</b> [promethazine] <b>25 mg - <u>Only IM</u></b>
or
<b>Benadryl</b> [diphenhydramine] <b>25 mg IV/IO/IM</b>
Peds: only per Med Control
Repeat: every 15 min Max: 2 doses

For new/acute pain, consider:

Pain Management RX-02

M-01 ABDOMINAL PAIN/ VOMITING		
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### 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}