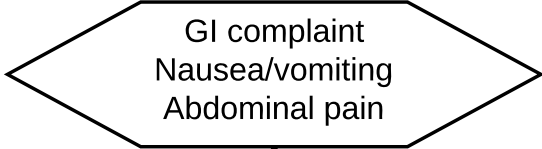




History <ul style="list-style-type: none"> • Age • Time of last meal • Last bowel movement/emesis • Improvement or worsening with food or activity • Duration of problem • Other sick contacts • Past medical history • Past surgical history/medications • Menstrual history (pregnancy) • Travel history • Bloody emesis / diarrhea 	Signs and symptoms <ul style="list-style-type: none"> • Pain • Character of pain (constant, intermittent, sharp, dull, etc.) • Distention, constipation • Diarrhea • Anorexia • Radiation • Associated symptoms: Fever, headache, blurred vision, weakness, malaise, myalgias, cough, headache, dysuria, mental status changes, rash 	Differential <ul style="list-style-type: none"> • CNS (stroke, CNS lesions, trauma or hemorrhage, vertigo, migraine) • Myocardial Infarction • Drugs (NSAID's, chemo, antibiotics) • Chronic GI or renal disorders • Diabetic ketoacidosis • OB-Gyn disease (ovarian cyst, PID, Pregnancy) • Infections (pneumonia, influenza) • Food or toxin induced
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B	Vital sign assessment, including temperature if available, FSBG analysis IV access (if authorized)
P	Consider cardiac monitor/12 lead ECG if risk for atypical presentation of acute coronary syndrome

B	Administer 20 mL/kg NS/LR fluid bolus (max 1 L) May repeat fluid bolus
P	Administer ondansetron 0.15 mg/kg IV/PO/SL ODT (max 4mg) Do not give if age <3 mos May repeat x 1 in 15 min Consider Pain Management AG if indicated

B	Monitor and reassess vital signs
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Education/Pearls:

Vomiting and diarrhea are common symptoms, but can be the symptoms of uncommon and serious pathology such as stroke, carbon monoxide poisoning, acute MI, new onset diabetes, diabetic ketoacidosis (DKA), or poisonings. Maintain a high index of suspicion and utilize other protocols as indicated. Epigastric discomfort can be a mimic of cardiac disease - especially in elderly women and diabetic patients - and warrants an EKG in those populations. Analgesia may be administered via the **Pain Management AG**.

Vital signs are an important guideline in gastrointestinal illness:

- Repeat vital signs after each fluid bolus.
- Heart Rate: Increased heart rate is one of the first clinical signs of dehydration or infection, and may represent a reduction in volume status. Tachycardia usually increases as dehydration becomes more severe. Patients with normal heart rate are very unlikely to be significantly dehydrated.

Ondansetron can be given as an orally disintegrating tablet (ODT) or IV preparation. The IV preparation may be administered by mouth but tastes bad; it is easier to give in a small amount of flavored drink.

Pediatrics:

- Beware of isolated vomiting in children. Isolated vomiting may represent pyloric stenosis, bowel obstruction, and CNS processes (bleeding, tumors, or increased CSF pressures), as well as a response to fever or infection.