Clinical Practice Guidelines:
Medical/Nausea and vomiting

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<th>Date</th>
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<td>Purpose</td>
<td>To ensure consistent management of patients with Nausea and vomiting.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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**Nausea and vomiting** are common symptoms that can be caused by a wide variety of conditions. Nausea is the sensation of having the urge to vomit, while vomiting is forcing stomach contents up through the oesophagus to the mouth. The symptoms of nausea and vomiting are caused by signals from the lateral reticular formation in the medulla oblongata. These signals may be activated by metabolic abnormalities in the blood, balance centres in the ear, CNS dysfunction, gastrointestinal triggers or sensory and emotional stimulation. The underlying condition causing the symptoms should be determined while concurrently treating the nausea and/or vomiting as some disease processes may not respond as well to the usual antiemetic therapy. For example, ondansetron and the other 5HT3 blockers have minimal effect on nausea and vomiting due to motion sickness.

**Possible causes can be separated into:**

**Primary (due to a GI illness):**
- Delayed gastric emptying (e.g. gastroparesis, bowel obstruction, gastric irritation)
- Infection (e.g. gastroenteritis)

**Secondary**
- Infection (e.g. urinary tract infection, pneumonia, viral hepatitis, cholecystitis, appendicitis)
- Malignancy
- Treatment related (e.g. chemotherapy, medications)
- Metabolic disorders (e.g. ARF, hypercalcaemia, DKA)
- Raised intracranial pressure (e.g. meningitis, SOL, TBI)
- Vestibular disturbance (e.g. drug toxicity, ear infections, benign paroxysmal positional vertigo, motion sickness)
- Emotion/pain/anxiety
- Pregnancy
- Other (e.g. food allergies/poisoning, toxic ingestion, migraine, cyclic vomiting syndrome)
Clinical features

- The clinical presentation of nausea and vomiting is variable and will depend upon the underlying cause.

Risk Assessment

- Vomiting in patients with ALOC increases the potential for airway compromise.
- Stimulation of the gag reflex/vomiting causes a spike in intracranial pressure.

Additional information

- The risk/benefit of antiemetic therapy should be considered for each patient.

Consider:

- Antiemetic
- Analgesia
- IV fluid

Transport to hospital

Pre-notify as appropriate

Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.