NAUSEA (P90)

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.				X	
PULSE OXIMETRY: apply and monitor		X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed				X	
OXYGEN: If pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MON ITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated				X	
***ONDANSETRON:** 0.15 mg/kg up to a maximum of 4 mg for a child older than 6 months IM/IV/IO or 4 mg Oral Disintegrating Tablet (ODT) for a child over 26 kg.				X	
****DIPHENHYDRAMINE:** • Age 2-5 years 6.25 mg slow IV or IM. May repeat to a maximum of 12.5 mg. • Age 6-12 years 12.5 mg slow IV or IM. May repeat to a maximum of 25 mg.				X	

***PRECAUTIONS FOR ONDANSETRON:**
Do not use under 6 (six) months of age.
• Known Sensitivity to Ondansetron (Zofran) or other 5-HT-3 antagonists.
- Granisetron (Kytril)
- Dolasetron (Anzemet)
- Palonosetron (Aloxi)

**** PRECAUTIONS FOR DIPHENHYDRAMINE:**
Do not use under two (2) years of age.

- **USE WITH CAUTION IN PATIENTS WITH:**
  - Barbiturates, opiates, hypnotics, tricyclic antidepressants, MAOIs & alcohol.
  - CNS depression
  - Asthma
- **WATCH CLOSELY FOR:**
  - Mouth dryness
  - Respiratory depression
  - Vomiting
  - Hypotension
  - Slurred speech
  - Allergic reaction