Nausea and Vomiting
3/4/18

Nausea and vomiting has a HUGE differential diagnosis but usually end up being simple gastritis in the end. This week we will discuss a basic approach, treatment, protocol, as well as how to help out your attending.

The most important thing to know:
**Expand your brain BEYOND THE GASTROINTESTINAL CAUSES!**

Step 1: **Explain your differential** (if benign, show you kept an OPEN MIND to the life threats)
1. “I think this is gastritis, and I don’t think it is…”
   a. Early appendicitis
   b. Bowel obstruction
   c. Myocardial infarction
   d. Intracranial mass

Step 2: Give **Testing Plan**
1. Test appropriately for obvious indications
2. Generally, consider:
   a. EKG – older adults
   b. Pregnancy test – child bearing females
   c. Electrolytes – most patients
3. Occasionally, depending on your attending and patient, you may want to order:
   a. CBC, Liver function tests, Lipase, Urinalysis

Step 3: Give **Treatment Plan**
1. Recommend:
   a. IV fluids – normal saline (1L, by IV)
   b. **Antiemetics**
      i. Zofran (Ondansetron)
      ii. Phenergan (Promethazine)
      iii. Compazine (Prochlorperazine)
   iv. Others:
      1. Metoclopramide
      2. Haloperidol
      3. Benzodiazepines
      4. Sniffing alcohol wipes

Steps 4-5: Final steps before discharge
1. **PO challenge the patient**
2. **Repeat the abdominal exam**