

## 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**