### BASE GUIDELINES

1. Repeated vomiting can result in hypovolemic shock. If dehydration suspected, intravenous normal saline infusion is required to help control vomiting.

2. Vomiting can be a symptom of diabetic ketoacidosis associated with marked elevation in blood glucose level, which is best treated with normal saline intravenous boluses.

3. Recurrent vomiting can be a symptom of head injury, assure there are no signs of trauma or head injury.

### ALS STANDING ORDER

1. If signs of dehydration or poor perfusion:
   - Establish IV access
   - Infuse 20 mL/kg Normal Saline bolus, may repeat twice to maintain perfusion.

2. For continuous nausea or vomiting, age 4 years or greater, administer:
   - Ondansetron (Zofran™) 4 mg (one 4 mg ODT tablet) to dissolve orally on inside of cheek as tolerated.

3. If altered mental status or unresponsive:
   
   Obtain blood glucose and document finding, if blood glucose equal to or less than 60, administer one of:
   
   - Oral glucose preparation, if airway reflexes are intact.
   - 10% Dextrose 5 mL/kg IV (maximum dose 200 mL).
   - Glucagon 0.5 mg IM if unable to establish IV.

   Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.

4. Maintain airway, suction as necessary.

5. ALS transport to nearest appropriate ERC, contact Base Hospital as needed.