Vomiting and Diarrhea

History
- Age
- Time of last meal
- Last bowel movement/emet
- Improvement or worsening with food or activity
- Duration of problem
- Other sick contacts
- Past medical history
- Past surgical history
- Medications
- Menstrual history (pregnancy)
- Travel history
- Bloody emesis / diarrhea

Signs and Symptoms
- Pain
- Character of pain (constant, intermittent, sharp, dull, etc.)
- Distention
- Constipation
- Diarrhea
- Anorexia
- Radiation

Associated symptoms: (Helpful to localize source)
- Fever, headache, blurred vision, weakness, malaise, myalgias, cough, headache, dysuria, mental status changes, rash

Differential
- CNS (increased pressure, headache, stroke, CNS lesions, trauma or hemorrhage, vestibular)
- Myocardial infarction
- Drugs (NSAID’s, antibiotics, narcotics, chemotherapy)
- GI or Renal disorders
- Diabetic ketoacidosis
- Gynecologic disease (ovarian cyst, PID)
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or toxin induced
- Medication or Substance abuse
- Pregnancy
- Psychological

Protocol 31
This protocol has been altered from the original 2012 NCCEP Protocol by the Johnston County EMS System Medical Director
Pearls

- **Recommended Exam:** Mental Status, Skin, HEENT, Neck, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- The use of metoclopramide (Reglan) may worsen diarrhea and should be avoided in patients with this symptom.
- Choose the lower dose of promethazine (Phenergan) for patients likely to experience sedative effects (e.g., Age $\geq 60$, debilitated, etc.) When giving promethazine IV dilute with 10 mL of normal saline and administer slowly.
- Document the mental status and vital signs prior to administration of Promethazine (Phenergan).
- Isolated vomiting in pediatrics may be caused by pyloric stenosis, bowel obstruction, and CNS processes (bleeding, tumors, or increased CSF pressures).