

POLICY: 554.46
TITLE: Nausea

EFFECTIVE: 02/01/2026
REVIEW: 02/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

NAUSEA

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
The purpose of this protocol is to assist patients who have uncontrollable nausea with extended transport times and/or patients who have nausea from the administration of narcotics.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

| | F | E | O | P | D |
|--|---|---|---|---|---|
| ASSESSMENT: suction as indicated. | X | X | X | X | |
| PULSE OXIMETRY: apply and monitor. | | X | X | X | |
| CAPNOGRAPHY: apply and monitor. | | | | X | |
| OXYGEN: if pulse oximetry <94% or signs of respiratory distress. | X | X | X | X | |
| ECG MONITOR: as appropriate. Lead placement may be delegated. Treat as indicated. | | | | X | |
| VASCULAR ACCESS: IV/IO, rate as indicated. | | | | X | |
| *ONDANSETRON: 4 mg IM/IV/IO, or 4 mg Oral Disintegrating Tablet (ODT) for nausea and/or vomiting. May be repeated twice, not to exceed 12 mg. | | | | X | |
| **DIPHENHYDRAMINE: 25 mg IM/IO or slow IV. May be repeated once to a maximum of 50 mg. | | | | X | |

***PRECAUTIONS FOR ONDANSETRON:**

- Known Sensitivity to Ondansetron (Zofran) or other 5-HT-3 antagonists.
 - Granisetron (Kytril)
 - Dolasetron (Anzemet)
 - Palonosetron (Aloxi)

****PRECAUTIONS FOR DIPHENHYDRAMINE**

- **USE WITH CAUTION IN PATIENTS WITH:**
 - Barbiturates, opiates, hypnotics, tricyclic antidepressants, MAOIs & alcohol.
 - CNS depression
 - Asthma

- Pregnancy
- **WATCH CLOSELY FOR:**
 - Mouth dryness
 - Respiratory depression
 - Vomiting
 - Hypotension
 - Slurred speech
 - Allergic reaction