

TREATMENT:

- A. Treat per Universal Patient Care.
- B. If shock syndrome is present follow Shock protocol.
- C. Consider fluid challenge in patients exhibiting signs of dehydration.
- D. Give **4 mg Ondansetron IM, IN, or slow IV** push over 2 minutes.
 1. If nausea and/or vomiting are inadequately controlled after 10 minutes, may repeat *Ondansetron* once for a max dose of 8mg.
 2. If vomiting persists or patient shows signs of adverse reaction or dystonia consider **Benadryl 12.5 - 25 mg IV**.
- E. If patient continues to vomit administer fluid challenge and consider other causes.

PEDIATRIC PATIENTS:

- A. *Ondansetron* use in patients under 2 years of age requires OLMC consultation.
- B. For children < 40 kg administer **Ondansetron 0.1mg/kg** via slow IV push over 2 minutes up to a total maximum IV dose of 4mg.

NOTES & PRECAUTIONS:

- A. Do not administer ondansetron (Zofran[®]) to patients with a hypersensitivity to the drug or other 5-HT₃ type serotonin receptor agonists (e.g., dolasetron [Anzemet[®]] and granisetron [Kytril]) Do not administer alkaline medications or preparations in the same IV as ondansetron as it may cause precipitation.

KEY CONSIDERATIONS:

Vomiting blood or bile, complaint of nausea, medications and allergies, pregnancy, abdominal pain or trauma, diarrhea, head trauma, orthostatic vital signs.