

Nausea / Vomiting

Causes

- Common: Constipation, fecal impaction, gastroenteritis, gastroparesis, medications
- Less common: Obstruction, diverticulitis, cholecystitis, pancreatitis, ulcers, food poisoning, kidney stones, UTI, kidney failure, metabolic derangement, liver failure, cancer, increased intracranial pressure, pneumonia

Goal is to identify and treat the underlying cause of the nausea / vomiting.



Vital Signs

Temperature: _____

Heart Rate: _____

Blood Pressure lying: _____

Respiratory Rate: _____

Oxygen Saturation: _____

Blood Pressure standing: _____



Evaluate Symptoms and Signs

- ☐ Acute mental status change
- ☐ Not eating or drinking as much as usual
- ☐ Acute decline in ADL abilities
- ☐ Jaundice
- ☐ Fainting, dizziness or lightheadedness when standing up
- ☐ Signs of dehydration
- ☐ Diaphoresis: Cold, clammy, pale skin
- ☐ Respiratory: New cough, abnormal lung sounds
- ☐ Cardiovascular: Chest pain, new irregular pulse, cyanosis, mottling, edema
- ☐ GI: Nausea, vomiting, diarrhea, constipation, abdominal distention or tenderness, rebound tenderness, bowel sounds
- ☐ GU: New or worsened incontinence, pain with urination, blood in urine, scrotal pain, urinary retention / Bladder scan
- ☐ Neurologic changes: consciousness/alertness, orientation, weakness
- ☐ Appearance of any vomited material, presence of occult blood
- ☐ Rectal check for impaction, appearance of stool
- ☐ Tube feeding residual measurement
- ☐ Fingertick glucose (patients with diabetes)



Persistent or recurrent (two or more episodes within 12 hours) vomiting, OR vomiting with bleeding, abdominal distention, or fever



Notify the medical staff & Designated Representative immediately.



New persistent nausea or vomiting impacting po intake



Notify medical staff & Designated Representative within the next 16 hours.



Intermittent recurrent nausea, or isolated episode of vomiting



Notify medical staff on the next business day



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Nausea / Vomiting *Continued*

SBAR Report

Situation: "(Nausea) (Vomiting), associated with:" (*fever*) (*other acute symptoms*)

Background:

Report...

- ☐ Reason the patient is in the nursing home (rehab for____, long term care for ____).
- ☐ When the symptoms started, vomiting frequency and amount, getting worse or staying the same, alleviating or aggravating factors, what treatments have been used.
- ☐ Abnormal Vital Signs based on patient's previous values
- ☐ MOLST / Advance Directives
- ☐ Recent illness, surgery, antibiotics, medication changes, falls
- ☐ General observation of patient condition
- ☐ Appearance of vomited material, presence of blood
- ☐ Bowel record for the last week, including prn medication use
- ☐ Diet restrictions, Fluid restriction, thickened liquids
- ☐ Similar symptoms in other patient(s) on unit or in facility
- ☐ Tube feeding rate, water flush orders, residual measurements, recent changes
- ☐ Availability of IV or clysis hydration (i.e., PICC line)

Have Available...

- ☐ Chart / logged in to Electronic Medical Record
- ☐ MAR
- ☐ Recent medical problems & order changes
- ☐ Major diagnoses
- ☐ Allergies
- ☐ Recent lab results & previous results if abnormal
- ☐ Intake record
- ☐ Bowel record
- ☐ List of emergency medications available in the facility

Assessment: I think the problem is: _____

I am concerned about: _____

Recommendations/Requests:

- | | | |
|--|--|--|
| <input type="checkbox"/> Labs: CBC with manual diff, Lactic Acid, CMP/Chem14, Amylase, Lipase, Drug levels | <input type="checkbox"/> Straight catheterization for urine sample for urinalysis and culture (unless patient is able to collect clean-catch, midstream urine) | <input type="checkbox"/> Nausea Medication |
| <input type="checkbox"/> X-ray abdomen or free air series | <input type="checkbox"/> Stool for occult blood testing | <input type="checkbox"/> Laxative Medication, tap water enema |
| <input type="checkbox"/> Ultrasound abdomen | <input type="checkbox"/> Diet change | <input type="checkbox"/> "Hold" parameters for medicines that lower blood pressure |
| <input type="checkbox"/> Start or stop a medication | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> IV or SC (clysis) fluids | | |

Clarify expectations for care, interventions, and illness course/prognosis. Repeat any telephone orders back to the provider to ensure that they are correct and complete



Management

- ☐ Monitor vital signs, fluid intake/urine output every 4-8 hrs for 2-3 days
- ☐ Offer fluids frequently if nausea/vomiting allow
- ☐ Place on Intake & Output monitoring
- ☐ Place on 24-hour report for 2-3 days
- ☐ Record all episodes of vomiting or diarrhea
- ☐ Obtain lab results (*if ordered*), and notify medical as needed of:
 - ☐ Significantly abnormal values in lab tests (refer to appropriate Situation)
 - ☐ WBC > 12,000 or neutrophils > 90%
 - ☐ Abnormal X-ray results
 - ☐ Urine results suggest infection and symptoms or signs present (Refer to "UTI" Situation)
- ☐ Monitor meal acceptance
- ☐ Assure bowel regularity
- ☐ Clear liquid diet
- ☐ Resume normal diet and discontinue prn nausea medications when symptoms are resolved
- ☐ Implement infection control measures if indicated
- ☐ Update care plan regarding fall risk, pressure ulcer prevention, assistance needed with ADLs, supervision for safety, restorative needs
- ☐ Review status and plan of care with designated representative daily

