

POLICY: 555.45
TITLE: Pediatric Nausea

EFFECTIVE: 09/01/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC 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, AEMTs, and Paramedics within their scope of practice.

III. PROTOCOL

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

	F	E	O	A	P	D
ASSESSMENT: suction as indicated.	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.					X	
OXYGEN: If pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: IV/IO, rate as indicated				X	X	
*ONDANSETRON: 0.15 mg/kg up to a maximum of 4 mg for a child older than 6 months IM/IV/IO or 4 mg Oral Disintegrating Tablet (ODT) for a child over 26 kg.		X	X	X	X	
**DIPHENHYDRAMINE:						
• Age 2-5 years 6.25 mg slow IV or IM. May repeat to a maximum of 12.5 mg.					X	
• Age 6-12 years 12.5 mg slow IV or IM. May repeat to a maximum of 25 mg.						

***PRECAUTIONS FOR ONDANSETRON:**

Do not use under 6 (six) months of age.

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

- Palonosetron (Aloxi)

**** PRECAUTIONS FOR DIPHENHYDRAMINE:**

Do not use under two (2) years of age.

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

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