

NAUSEA – VOMITING - DIARRHEA

Level II
(No Level I)

Skill Level: RN

Definition: Self-limiting inflammation of the stomach and intestines thought to be caused by a virus and of a duration less than 72 hours.

MODERATE	
<p>Subjective:</p> <ul style="list-style-type: none">• "I think I ate something bad."• "I'm sick to my stomach, weak and feverish."• Patient complaint of:<ul style="list-style-type: none">-Nausea/vomiting-Frequent Watery, brown stools- Cramping abdominal pain- Feeling of chilliness or fever- Myalgia and malaise• "I have diarrhea.• May have mild discomfort or cramping but not constant and is relieved with bowel movement.	<p>Assessment:</p> <p style="text-align: center;">Alteration in Bowel Elimination: Diarrhea</p> <ul style="list-style-type: none">• Potential for fluid volume deficit and electrolyte abnormalities.• Alteration in nutritional status.
<p>Objective:</p> <ul style="list-style-type: none">• BP and Pulse normal for patient.• May have fever to 102.• Establish duration of < 72 hours.• Skin turgor and mucous membrane status demonstrates good hydration.• Bowel tones present.• Abdomen may have mild diffuse tenderness.• No localized tenderness or pain.	<p>Plan:</p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• Bed rest.• Instruct patient to: Clear liquid diet for 24 hours and increase to soft, bland and then regular as tolerated.• Increase fluids, but avoid milk products.• Test stool for occult blood.• Return to Clinic if worsens or not improved in 48 hours.• Consider scheduling provider visit if patient not improving.• Consider use of medication last. Check for allergies.• May give Imodium 4 mg PO initially then 2 mg with each loose stool up to 10 mg per day for up to 48 hours for diarrhea.• Phenergan 25 mg PO, PR, or IM q 6 hours for up to 48 hours for nausea.

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SEVERE	
Objective: <ul style="list-style-type: none">• Symptoms not improving in 72 hours.• Decreased skin turgor or dry mucous membranes.• Not keeping fluids down.• Color pale and ill appearing.• Often febrile.• If Blood pressure below 90 systolic, go to Shock protocol.	Plan: At nursing discretion may use any of the below: <ul style="list-style-type: none">• Chemistry panel, CBC with differential, UA, stool/emesis Guaiac• Provide moderate treatment plan plus:• Consider Heparin Lock or IV hydration if available.• Compazine 5-10 mg IM q 8 h x 24h or Compazine 25 mg PR q12 hours x 24h or Phenergan 25 mg, PR or IM q 6 h x 24h.• Observation status q 2 hours x 24 hours.• If: Temperature >101°, substantial blood or mucous in stool, severe abdominal pain, abdominal distention or chronic medical conditions (e.g. Diabetes, Coronary Artery Disease) consult with practitioner for additional orders.• Contact practitioner if bloody or coffee ground emesis is present.• If signs and symptoms of shock, see shock protocol and prepare to transport patient to emergency facility.

Nursing Education:

1. Consider patient's need for administration of other chronic medications by alternate route: IM or IV until vomiting/diarrhea subsides.
2. Most common cause is a viral illness during winter months.
3. Look for trends in the institution. Sometimes, viral or food-borne illnesses can become epidemic. Discuss any perceived trends with the Medical Provider, Medical Services Manager, or Infectious Disease Control Nurse.
4. The key to evaluation and treatment of common GI disturbances is to consider and treat impaired hydration status and electrolyte disturbances.

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APPROVED:

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Date

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Date

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