

Nausea, Vomiting, Diarrhea - Level II
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 101. • 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, pain, or distention is present. • Patient is not pregnant. 	<p>Plan:</p> <ul style="list-style-type: none"> • Call provider if patient is a pregnant female. Get a pregnancy test if needed. • Increase fluids, but avoid milk products. • Instruct patient to modify diet: Clear liquid diet for 24 hours and increase diet to regular as tolerated. • Return to Clinic if worsens or not improved in 48 hours. • Consider short term work restrictions for kitchen workers. • Schedule provider visit if patient not improving. • If localized tenderness, go to Abdominal Pain protocol. • If distention, go to severe, below. • Test stool for occult blood. <p>At nursing discretion may use any of the</p>

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	<p>below:</p> <ul style="list-style-type: none"> • Consider use of medication last. • <u>Call provider before issuing any medications to pregnant patients, complete pregnancy test as needed.</u> • After checking for allergies may suggest: <ul style="list-style-type: none"> --<u>For Diarrhea:</u> may give Imodium 2mg-2 tabs PO/prn initially, followed by 1 tab/prn with each diarrhea, BM up to total 6 tabs per day x 3 days. --<u>For Nausea:</u> may give Zofran 4 mg PO BID X 3 days. • Consider bed rest.
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SEVERE

<p>Objective:</p> <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. Color Pale for Ethnicity. • Appears Ill. • Often febrile. • If Blood pressure below 90 systolic, consider Emergency Shock protocol. 	<ul style="list-style-type: none"> • Plan: Provide moderate treatment plan plus: Chemistry panel, CBC with differential, UA, stool/emesis Guaiac • For most patients, use oral rehydration by increasing fluid intake in frequent small amounts. Consider use of oral rehydration salts. • If unable to tolerate PO Zofran, may consider Phenergan 25 mg PR, or IM Q six hours X 24 hours or until PO Zofran can be tolerated. • Observation status in infirmary or frequent nurse checks Call Practitioner if Temperature >100.4°, substantial blood or mucous in stool, severe abdominal pain, abdominal distention or chronic medical conditions (e.g. Diabetes, Coronary Artery Disease). Consider transport to emergency facility. • Contact practitioner if blood is observed in emesis, or emesis appears like "Coffee Grounds". Consider transport to emergency facility. • If signs and symptoms are consistent with shock, refer to the emergency protocol for shock, and prepare to transport patient to emergency facility.
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Nursing Education:

1. Absolute contraindication for the use of Zofran in patients taking Apo morphine. Can result in profound hypotension and loss of consciousness.
2. If patient is on necessary medications for chronic illnesses, consider the use of Zofran prior to chronic med administration.
3. Most common cause is a viral illness during the winter months.
4. Sometimes Viral and Food-Borne illnesses can be widespread. Watch for observable trends in the institution. Discuss any perceived trends with the Medical Provider, Medical Services Manager and the Infectious Control Disease Nurse.
5. The key to evaluation and treatment of common GI disturbances is to consider and treat impaired hydration status and electrolyte disturbances.
6. Carefully consider the use of Imodium and risks of overuse or misuse.
7. If the current illness presents as a viral infection or suspect for communicability, consider work restrictions for those that handle and prepare food for consumption.

APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

Steve Sheeran M.D.

2/24/2015

Medical Director

Date

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