This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to assess a patient with gastrointestinal complaints, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Constipation, upset stomach, nausea, vomiting, diarrhea.

1. Follow CIP Patient General Assessment and Care protocol
2. Obtaining additional history and vital signs including the following:
   1. Time of onset, duration of complaint
   2. History of previous similar complaints and treatment required
   3. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
   4. Presence of blood in stool or emesis
   5. Presence of pain
   6. Orthostatic vitals
3. Diagnostics to consider
   1. Urine pregnancy if available
   2. Electrolytes if available
   3. Blood Glucose
4. Patients with any of the following, consider transport to ED see Medical Direction protocol:
   1. Systemic symptoms
   2. Vital sign changes or instability
   3. Presence of blood in stool or emesis
   4. Presence of abdominal pain or tenderness
   5. Altered level of consciousness
   6. Abnormal lab values
5. On-scene medication administration may include:
   1. Use of approved MCA protocols and medications up to the extent of standard paramedic.
   2. Fluid
      1. IV fluid bolus maximum up to 2 liters for signs of dehydration
         1. Caution with CHF and renal patients, consult physician prior to administration
   3. Nausea/Vomiting
      1. i. Ondansetron (Zofran) 4mg IV/IM
         1. Repeat one time if nausea and vomiting still present after 45 minutes
   4. OR
      1. Ondansetron (Zofran) 4mg PO (ODT)
         1. Repeat one time if nausea and vomiting still present after 45 minutes
   5. Pain
      1. Compazine 10 mg IM or slow IV push
         1. Lower dose for patients using other sedative medications
         2. Lower dose for elderly patients
            1. Monitor for dystonic reaction or akathisia

b. Administer diphenhydramine 50 mg IV/IM

If symptoms are not resolved within 20 minutes consider transport.

* + 1. Acetaminophen 325 mg PO (Max dose 650 mg)

* + 1. Ibuprofen 200 mg PO (Max dose 600 mg)

1. Counsel/Educate
   1. PO recommendations
   2. When to contact a health care provider