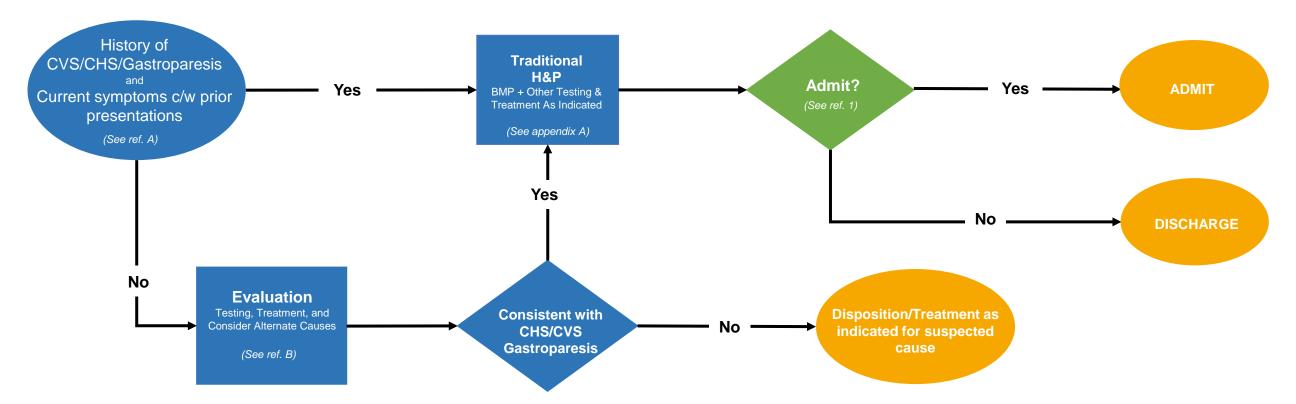


Clinical Guidance Management of Vomiting Syndromes

Purpose of this guideline: To guide certain vomiting syndrome encounters. It should not replace any clinical judgment. Clinicians should deviate from or adapt this guideline to meet the individual patient's needs.



Assessment References



Cyclic Vomiting Syndrome (CVS): Sudden episodes of nausea and vomiting lasting 1-5 days followed by asymptomatic periods.

- Rome IV Diagnostic Criteria:
 - At least 2 episodes of acute vomiting illness lasting <1 week and occurring >1 week apart within a 6-month time period
 - Absence of vomiting between episodes
 - Personal or family history of migraine is supportive of diagnosis

<u>Cannabinoid Hyperemesis Syndrome (CHS):</u> Sudden episodes of nausea and vomiting lasting 1-5 days followed by asymptomatic periods and associated with marijuana use.

- Clinical Features:
 - · Severe nausea and vomiting that recurs in a cyclic pattern over months
 - Abdominal pain (epigastric)
 - Chronic marijuana use (at least weekly for >1 year)
 - Resolution of symptoms after cannabis cessation
 - · Compulsive hot showers or bathing provides symptomatic relief
 - <50 y.o. at time of evaluation</p>

<u>Gastroparesis:</u> Objectively delated gastric emptying in absence of mechanical obstruction. Most common causes are diabetic and post-surgical.

- Clinical Features:
 - Early Satiety
 - Post-prandial fullness
 - Nausea/Vomiting
 - Bloating
 - Upper abdominal pain



EMERGENCY DIAGNOSTIC CONSIDERATIONS:

- BMP/CMP plus other labs as indicated
- Repeated advanced imaging should be avoided with established diagnosis
- CT/US can be useful for evaluating alternate pathologies

OTHER DIAGNOSTIC CONSIDERATIONS:

- Appendicitis
- Pancreatitis
- Hepatitis
- Gallbladder/Biliary pathology
- PUD/Gastritis
- Infectious causes
- Hypercalcemia
- Thyroid Disorders
- Neurologic conditions (brain tumor)
- **Bowel Obstruction**
- Electrolyte abnormalities
- Porphyria
- Metabolic Disorders

Admission Considerations



- Acute Renal Failure
- Significant Electrolyte Abnormalities
- Concerning abnormal vital signs
- Persistent objective vomiting (Possible Indication)



EPPA Clinical Guidance Management of Vomiting Syndromes



TREATMENT TABLE							
Class		Medication	Dose	Condition			Side Effects
				CVS	CHS	Gastroparesis	
Anti-Dopaminergic	Butyrophenones	• Droperidol	0.625-2.5 mg IV/IM	Yes	Yes	Yes – Metoclopramide preferred	 Extra Pyramidal QT Prolongation Sedation ¹IV Administration not approved by FDA ²Contraindicated in bowel obstruction
		• Haloperidol¹	1-5 mg IV/IM				
	Benzamide	Metoclopramide ²	10-20 mg IV				
	Phenothiazines	Prochlorperazine	10 mg IV/IM				
	Atypical Antipsychotic	Olanzapine	2.5-10 mg IM				
Serotonin Receptor Antagonist		Ondansetron	4-8 mg IV/ODT	Yes	Yes	Yes	QT Prolongation
Antihistamine/ Anticholinergic		Diphenhydramine	25-50 mg IV	Yes	Yes	No	SedationUrinary Retention
		Hydroxyzine	25-50 mg IM				• Confusion
Benzodiazepine		• Lorazepam	0.5-2 mg IV	Yes	Yes	Yes	• Sedation
		Diazepam	2-10 mg IV				Confusion
Adjuncts/Alternative Treatments							
		Sumatriptan	6 mg SQ repeat x1 Q2H	Yes - h/o migraine	No	No	
		Capsaicin	0.075% 15-25 cm area Q4H	No	Yes	No	Local irritation
		IV Fluid +/- Electrolytes		Yes	Yes	Yes	