



Assessment References

A **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

Cannabinoid Hyperemesis Syndrome (CHS): 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

Gastroparesis: Objectively delayed 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

B **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)

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	<ul style="list-style-type: none"> • Extra Pyramidal • QT Prolongation • Sedation • ¹IV Administration not approved by FDA • ²Contraindicated in bowel obstruction
		• Haloperidol ¹	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	<ul style="list-style-type: none"> • Sedation • Urinary Retention • Confusion
		• Hydroxyzine	25-50 mg IM				
Benzodiazepine		• Lorazepam	0.5-2 mg IV	Yes	Yes	Yes	<ul style="list-style-type: none"> • Sedation • Confusion
		• Diazepam	2-10 mg IV				
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	