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STANDING ORDER

GASTROINTESTINAL COMPLAINT

Nausea, Vomiting, or Diarrhea

(for Abdominal Pain – refer to SO-501)

I. ASSESSMENT

- a. History
 - i. Onset and duration
 - ii. Frequency of vomiting, nausea, or diarrhea
 - iii. Blood in stool or black stools? Blood in emesis or coffee-ground appearance?
If yes, refer to SO-510
 - iv. Medications taken – do they help?
 - v. Do they have abdominal pain? *If yes, refer to SO-501 Abdominal Pain.*
 - vi. Do they have other symptoms – dysuria, urinary frequency, urinary urgency, urinary incontinence, vaginal/penile discharge, hematuria, fever, chills, flank pain, abdominal/pelvic pain in females or testicular pain in males, vaginal or penile lesions/sores? *(if yes to any of the above – refer to Dysuria SO-522)*
 - vii. LMP in female inmates – if unknown, obtain HCG
 - viii. History of substance abuse? Are they withdrawing? Refer to appropriate SO based on substance history and withdrawal concerns.
 - ix. History of IBS or other known medical causes of chronic diarrhea, nausea, or vomiting? Have prescriptions been used for this in the past?
 - x. History of abdominal surgeries?
 - xi. Recent exposure to others with same symptoms?
- b. Exam
 - i. Obtain Vital signs, including temperature
 - ii. If complaints of dizziness or lightheadedness with standing, obtain orthostatic VS.
 - iii. Is there jaundice present?
 - iv. Are there signs of dehydration – tachycardia, tachypnea, lethargy, changes in mental status, dry mucous membranes, pale skin color, decreased skin turgor?
 - v. Are you concerned for an Acute Gastroenteritis?

Symptoms	Exam
<i>Viruses cause 75-90% of acute gastroenteritis here in the US. Norovirus is the most common cause and is very contagious.</i>	
Sudden onset of diarrhea and/or vomiting. Crampy abdominal pain. Nausea. Loss of appetite. Weakness. Fatigue. Low-grade fevers. No bloody or black stools. No bloody or coffee-ground emesis.	Generalized abdominal pain Low-grade fever may be present May have signs of mild dehydration

II. MANAGEMENT

- a. If Jaundice present, isolate and refer to Facility Provider for orders
- b. If symptoms of severe dehydration – send to Emergency Room for evaluation and management
- c. If you suspect Acute Gastroenteritis and inmate is not severely dehydrated:
 - i. Isolate and place in medical unit (keep in medical unit until 48 hours after symptom resolution – if symptoms extend beyond 5 days, please have inmate see Facility Provider at next clinic day)
 - ii. Provide Gatorade or packaged electrolyte solution half or full strength for inmate. Instruct inmate to continuously sip on fluids versus taking large amounts.
 - iii. Please administer the following medications based on current symptoms for inmates with suspected Acute Gastroenteritis:
 1. For diarrhea in inmate <65 years old:
 - a. Loperamide 2 mg PO prn for each loose stool (maximum of 16 mg/day) order is valid for 2 days
 2. For vomiting in inmate <65 years old
 - a. Promethazine 25 mg PO every 6 hours prn nausea/vomiting for 2 days
OR
 - b. Promethazine 25 mg PR every 6 hours prn vomiting and inability to take oral medications
 - c. Zofran ODT 4mg every 8 hours for vomiting not improved or tolerated with PO or PR Phenergan.
 - d. Call Facility Provider if symptoms not improved with use of promethazine or Zofran.
 3. For diarrhea or vomiting in inmate >65 years old, call Facility Provider for orders.
 - iv. Inmate can have regular diet provided and can eat what he/she is able

- d. If symptoms are chronic symptoms, please obtain ROI for outside records of appropriate Facility Providers (PCP, Gastroenterologist evaluations, ED visits, etc).
 - i. Call Facility Provider for further orders for management if inmate is needing medications before Facility Provider can see and assess. Otherwise, schedule inmate to see Facility Provider at earliest convenience to review and discuss.