

VOMITING

Vomiting (known medically as **emesis**) is the forceful expulsion of the contents of one's stomach through the mouth and sometimes the nose.

INTERVENTIONS

Non-pharmacological

- **Replace the water loss**

Patient with vomiting is at risk of dehydration

- **Relieve sensation of nausea by providing any of the following:**

Ice chips, hot tea with lemon, hot ginger ale, Dry toast or crackers, cold cola beverage

- **Provide oral hygiene**

Continual vomiting may affect the gums and teeth. Oral care can also alleviate vomiting.

- **Minimize exacerbating factors such as food smells, constipation, and anxiety**

- **Provide a quiet, well-ventilated environment**

- **Offer food when the patient is less or not nauseous**

Allow the patient to eat what he/she enjoys and tolerates well

Avoid food that is too fatty, warm, very spicy and odorous

Immediately remove any food that the patient cannot or will not eat

- **Sit in an upright position for 30 - 45 minutes after eating**

Upright position will minimize the movement of food upward since it is against the gravity

- **Educate the patient about the proper use of antiemetic medications to treat nausea.**

Proper education will help the patient understand the importance of compliance

- **Guided imagery and other diversional activities will help the patient not to be so focused with vomiting**

- **Encourage patient to report early signs of nausea**

- **Observe for potential complications as follows:**

- Dehydration
- Thirst (first sign)
- Dry mouth and mucus membrane
- Warm, flushed dry skin
- Fever, tachycardia, low BP
- Weight loss
- Sunken eyeballs
- Oliguria
- Dark, concentrated urine
- High specific gravity of urine
- Poor skin turgor
- Altered LOC (level of consciousness)
- Elevated BUN, serum creatinine
- Elevated hematocrit

VOMITING

Pharmacological:

Prokinetic antiemetic

Metoclopramide

CTZ-targeting antiemetic for chemical causes

Haloperidol /D2 antagonist

Vomiting centre-targeting antiemetic

Phenergan

Prochlorperazine D2

D2, H1 antagonist, weak anti muscarinic

Conversation

Patient: Hello, can I have your few minutes?

Nurse: Sure, what can I do for you?

Patient: I have trouble with vomiting.

Nurse: When did it begin? How often does it occur?

Patient: Just the other day. I vomited three times yesterday and twice today.

Nurse: What brings it on?

Patient: I think it's the food that I ate yesterday. After that, I had nausea then eventually I went to the sink.

Nurse: What makes it better?

Patient: I think a little relaxation helps but only for a moment.

Nurse: What makes it worse?

Patient: Greasy foods and strong odors had really made it worse.

Nurse: What does it feel like? Can you describe it?

Patient: It's a very uneasy feeling and I felt like my throat and mouth became very acidic.

Nurse: Is it associated with abdominal pain, bloating, vertigo (rotational dizziness), headache or any other symptoms?

Patient: I often have abdominal pain and sometimes dizziness.

Nurse: How bothered are you by these symptoms?

Patient: I'm truly bothered. I want this be done as soon as possible.

Nurse: What medications and treatments are you currently using?

Patient: I honestly did not take any medications. I thought it's bearable but now I can't take it anymore.

Nurse: Okay, I'll report this right away to the doctor. I'll be back.

Patient: Thank you very much.