

# WEST MICHIGAN REGIONAL PROTOCOL

## GENERAL WEAKNESS/ILLNESS PROTOCOL

Number: II.C.8.  
Date: 3-1-2008  
Page: 1 of 2

**Purpose:** To provide a process for the assessment and management of the patient experiencing a general weakness or illness.

**M B S P**

### I. Assessment Information

#### A. History:

1. History: diabetes, cardiac disease, abdominal problems, and alcoholism.
2. Current History: frequency, duration of vomiting; diarrhea, blood in vomit or stool; abdominal pain, weakness, confusion, medication ingestion.

#### B. Specific Objective Findings:

1. Vital Signs; orthostatic changes (if BP normal)
2. Color of vomitus, diarrhea, and presence of blood.
3. Abdomen: tenderness, guarding, rigidity, and distension.
4. Signs of dehydration: poor skin turgor, tearless eyes, dry mucous membranes, confusion, and hypotension.

### II. Management:

- A. Position patient left lateral recumbent if vomiting, otherwise supine.
- B. Evaluate and maintain airway, provide oxygen and support ventilation as needed.
- C. Do not allow patient to take anything by mouth.
- D. **For unstable patient** (BP < 90 systolic and/or signs of hypovolemic shock):

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S P**

1. Elevate legs 10 - 12 inches
2. Transport
3. Obtain vascular access
  - a. If patient is hypotensive, administer 300ml fluid bolus (adult) with repeat as needed, titrating to signs of adequate perfusion. (20ml/kg for peds)

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P**

4. Monitor vital signs during transport.
5. Consider Antiemetic administration
  - b. Antiemetic – ondansetron (Zofran®)
    - i. **Adult 4 mg slow IV/IM**, no less than 30 seconds; recommended over 2-5 minutes P
    - ii. **Pediatrics**
      - a. For patients 40 kg or less, **0.1 mg/kg IV (IM not routinely used in pediatrics)**
      - b. For patients greater than 40 kg, **4 mg IV**
      - c. Administer slowly, no less than 30 seconds; recommended over 2-5 minutes

6. Possible post-radio orders
  - a. Additional IV fluids

#### E. For the stable patient:

**B S P  
S P**

1. Transport
2. **Consider**
  - a. Vascular access and administration of fluids
  - b. Antiemetic – ondansetron (Zofran®)
    - i. **Adult 4 mg slow IV/IM**, no less than 30 seconds; recommended over 2-5 minutes P
    - ii. **Pediatrics**
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Page: 2 of 2

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### III. Special Considerations:

- A. Vomiting and diarrhea may be symptoms of a more serious problem, but all represent some degree of hypovolemia. The most serious causes are GI bleed or other intra-abdominal catastrophe; consider organophosphate poisoning with SLUDGEM symptoms.
- B. Support the patient's head when he/she is vomiting.
- C. Be aware that some infectious diseases may be transmitted by this means.
- D. Consider overdose; a patient who doesn't call the ambulance for medication ingestion may call later when GI symptoms become severe.
- E. The vast majority of persons with vomiting and diarrhea have become sick over days, not minutes and, unless severely ill, they do not require emergency transport.
- F. Dehydration may be particularly severe in children with simple vomiting and diarrhea. IV's may be very difficult to start, particularly with infants. Transport for definitive treatment is usually best.
- G. Blood in the GI tract is an irritant; it causes vomiting and diarrhea. GI bleeders may be very sick and hypovolemic without showing an obvious source of their problem.

5/25/98  
3/01  
11/04  
2/1/2007