

**Michigan**  
**COMMUNITY INTEGRATED PARAMEDICINE**  
**Treatment Protocol**  
**GASTROINTESTINAL COMPLAINTS**

Initial Date: December 14, 2020

Revised Date:

Section 11-77

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*This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.*

**Purpose:** To provide guidelines for CIP paramedics to assess a patient with gastrointestinal complaints, provide initial treatment and differentiate between the patients who will require ED evaluation vs, alternatives such as treatment on scene or at alternative destinations.

Aliases: Constipation, upset stomach, nausea, vomiting, diarrhea.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtaining additional history and vital signs including the following:
  - a. Time of onset, duration of complaint
  - b. History of previous similar complaints and treatment required
  - c. Presence of systemic symptoms: fever, chills, diaphoresis, weakness, dizziness, changes in mental status, breathing difficulty, chest pain, etc.).
  - d. Presence of blood in stool or emesis
  - e. Presence of pain
  - f. Orthostatic vitals
- III. Diagnostics to consider
  - a. Urine pregnancy if available
  - b. Electrolytes if available
  - c. Blood Glucose
- IV. Patients with any of the following, consider transport to ED **see Medical Direction protocol:**
  - a. Systemic symptoms
  - b. Vital sign changes or instability
  - c. Presence of blood in stool or emesis
  - d. Presence of abdominal pain or tenderness
  - e. Altered level of consciousness
  - f. Abnormal lab values
- V. On-scene medication administration may include:
  - a. Use of approved MCA protocols and medications up to the extent of standard paramedic.
  - b. Fluid
    - i.  IV fluid bolus maximum up to 2 liters for signs of dehydration
      1. Caution with CHF and renal patients, consult physician prior to administration
  - c. Nausea/Vomiting
    - i. Ondansetron (Zofran) 4mg IV/IM
      1. Repeat one time if nausea and vomiting still present after 45 minutes

MCA Name: [Click here to enter text.](#)

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d. OR

- i.  Ondansetron (Zofran) 4mg PO (ODT)
1. Repeat one time if nausea and vomiting still present after 45 minutes

e. Pain

- i.  Compazine 10 mg IM or slow IV push
1. Lower dose for patients using other sedative medications
  2. Lower dose for elderly patients
  3.
    - a. Monitor for dystonic reaction or akathisia
    - b. Administer diphenhydramine 50 mg IV/IMIf symptoms are not resolved within 20 minutes consider transport.
- ii.  Acetaminophen 325 mg PO (Max dose 650 mg)
- iii.  Ibuprofen 200 mg PO (Max dose 600 mg)

VI. Counsel/Educate

- a. PO recommendations
- b. When to contact a health care provider