

NOTE

1. Nausea and vomiting (N/V) always are secondary to an underlying cause. The main principles followed include identification and treatment of the underlying cause and maintaining adequate fluid hydration. The possible causes are numerous, but in most cases associated symptoms and history will suggest a diagnosis. In the first few days of flight, N/V are nearly always due to Space Motion Sickness or gastroenteritis acquired prior to flight. Following this, motion disorders are still possible but less likely; more likely are food poisoning and drug effects. If more than one crewmember develops N/V, then contamination of atmosphere, food, or water must be considered. Surgeon will advise on environmental sampling.
2. Any associated symptoms or disorders must be noted and described to Surgeon during PMC. The following warning symptoms should prompt a PMC immediately; severe abdominal pain, flank or groin pain, severe headache, vision changes, bloody emesis, frequent diarrhea.
3. Maintaining adequate hydration is critical if vomiting continues. Drinking frequently in small volumes may suffice. If unable to keep even small sips of drink down, do not give oral medications. Consideration should be given to administering IV fluids, which are simple and highly effective in treatment of dehydration associated with vomiting.

TREATMENT

1. If Nausea/Vomiting is not associated with warning symptoms as listed above and underlying cause is known, the following medications may be used.

If associated with any warning symptoms, is particularly severe, or does not respond to any of the medications below, go to step 2.

Maintain fluid intake.

Drink small volumes frequently as tolerated.

AMP
(blue)

Phenergan Oral (Promethazine) (P1-B22) - Antinausea, antihistamine

Dose: 1-2 tablets every 4 to 6 hours as needed

NAUSEA/VOMITING

(ISS MED/3A - ALL/FIN)

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NOTE

Severe side effects of Phenergan:

Muscles tight, contracted

Eyes may be 'rolled up' into head (rare reaction)

Sedation, inability to concentrate, drowsiness,
dizziness, blurred or double vision, nausea, rash

Treatment for Phenergan Reaction

ALSP
(red)

Diphenhydramine (Benadryl Injectable) (Drug 14 --- 17)

Dose: Inject 1 ml intramuscularly.

Refer to {INJECTIONS - INTRAMUSCULAR} (SODF: ISS MED:
INJECTIONS/IV), {INJECTIONS - TUBEX INJECTOR} (SODF:
ISS MED: INJECTIONS/IV).

Contact Surgeon.

AMP
(blue)

Compazine Suppository (Prochlorperazine) (P4-B1) - Suppositories for
antinausea

Dose: 1 every 12 hours as needed.

DRUG HELP	
1.	Use oral Phenergan tablets if nausea is mild and patient is able to keep pills down.
2.	If patient is vomiting such that pills cannot stay down or are provocative, use Compazine Suppository.
3.	If stronger and more rapid effect needed, go to injectable Phenergan.
4.	The main side effect of both Compazine and Phenergan is drowsiness/sedation.
5.	Should not be used together with the following drugs as they may cause excessive drowsiness: Ambien, Benadryl, Claritin, Compazine, Demerol, Dilantin, Haldol, Morphine, Restoril, Valium, Vicodin, Soma, Grandaxin, Persen, Phenazepam, Phenibut, Radedorm, Relanium, Rudotel, Suprastin, Tavegil, Xanax.
6.	Spasms of head, neck muscles may occur with intramuscular injection of Phenergan.

Possible side effects

Drowsiness, dizziness, blurred vision, rash, low blood pressure, agitation, muscle spasms

2. If N/V is associated with any warning symptoms, is particularly severe, or does not respond to any of the medications in step 1, contact ground and schedule PMC.

Be ready to provide the following information:

Duration of N/V: _____

Estimation of volume: _____

Associated symptoms: _____

Any recent medications: _____

ALSP

Blood Pressure: _____
(ALSP-4)

NAUSEA/VOMITING
(ISS MED/3A - ALL/FIN)

Pulse: _____

ALSP

Temperature (Oral): _____
(Assessment-4)

Surgeon will advise if any further diagnostic studies or examination is required, or if IV fluids are indicated.