



Treatment Protocol: GI / GU EMERGENCIES

Ref. No. 1205-P

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Initiate cardiac monitoring prn ([MCG 1308](#))
4. Establish vascular access prn ([MCG 1375](#))
5. For poor perfusion ([MCG 1355](#)):
Normal Saline 20mL/kg IV rapid infusion per [MCG 1309](#)
For persistent poor perfusion, treat in conjunction with [TP 1207-P, Shock/Hypotension](#)
6. Assess and document pain ([MCG 1345](#))
If abdominal or pelvic pain during pregnancy, or vaginal bleeding with known or suspected pregnancy treat per [TP 1217-P, Pregnancy Complications](#)
Consider the following Provider Impressions:
If abdominal or pelvic pain – document *Abdominal Pain/Problems*
If pain in penis, scrotum or testes in a male or complaints of vaginal symptoms in a female, or if for sexual assault – document *Genitourinary Disorder*
7. For pain management: refer to [MCG 1345, Pain Management](#)
Dose per [MCG 1309](#)
8. For nausea or vomiting in patients ≥ 4 years old:
Ondansetron 4mg ODT
9. Consider the following Provider Impressions:
 - If nausea or vomiting present in the absence of abdominal pain or diarrhea – document *Nausea / Vomiting* ①
 - If vomiting blood or coffee ground material and/or tarry/black stools – document *Upper GI Bleeding* ②
 - If vaginal bleeding without known pregnancy – document *Vaginal Bleeding*
 - If diarrhea without hypotension – document *Diarrhea*
 - If bleeding per rectum – document *Lower GI Bleeding* ②



SPECIAL CONSIDERATIONS

- ❶ When evaluating an infant or child with vomiting, the presence of bile (green vomitus) in the vomit is a surgical emergency and must be taken as a sign of a life-threatening condition. These patients need rapid transport to the closest EDAP.
- ❷ For both upper and lower GI bleeding, if abdominal pain is also present, document GI bleeding as primary provider impression and abdominal pain as secondary provider impression.

