



David Thompson, MD Adult Protocols

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Thompson – Adult Protocols

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UPDATE: 10/05/05

VOMITING

SYMPTOM DEFINITION

- * Vomiting ("throwing up") is the forceful emptying of a portion of the stomach's contents through the mouth.
- * Retching ("dry heaves") describes rhythmic contractions of the abdominal and intercostal muscles against a closed glottis (no vomit).

- INITIAL ASSESSMENT QUESTIONS -

1. VOMITING SEVERITY: "How many times have you vomited today?"
 - MILD - 1 - 4 times/day
 - MODERATE - 5 - 10 times/day
 - SEVERE - More than 10 times/day, vomits everything or nearly everything
2. ONSET: "When did the vomiting begin?"
3. FLUIDS: "What fluids or food have you vomited up today?" "Have you been able to keep any fluids down?"
4. ABDOMINAL PAIN: "Are you having any abdominal pain?" If yes : "How bad is it and what does it feel like? " (e.g., crampy, dull, intermittent, constant)
5. DIARRHEA: "Is there any diarrhea?" If so, ask: "How many times today?"
6. CONTACTS: "Is there anyone else in the family with the same symptoms?"
7. CAUSE: "What do you think is causing your vomiting?"
8. HYDRATION STATUS: "Any signs of dehydration?" (e.g., dry mouth [not only dry lips], too weak to stand) "When did you last urinate?"
9. OTHER SYMPTOMS: "Do you have any other symptoms?" (e.g., fever, headache, vertigo, vomiting blood or coffee grounds)
10. PREGNANCY-BREASTFEEDING: "Is there any chance you are pregnant?" "When was your last menstrual period?" "Are you breastfeeding?"

- BACKGROUND INFORMATION -**GENERAL:**

- * Vomiting can occur in many type of illnesses.
- * Nausea and abdominal discomfort usually precede each bout of vomiting.
- * Vomiting occurring with diarrhea is suggestive of gastroenteritis (stomach flu) or some type of food poisoning. Most such patients can be managed at home.
- * Maintaining hydration is the cornerstone of treatment of adults with acute vomiting. Patients with moderate to severe dehydration will require medical evaluation, usually in an emergency department or urgent care setting.
- * In general, an adult who is alert, feels well, and who is not thirsty or dizzy - is NOT dehydrated.

CAUSES:

- * Bowel obstruction
- * CNS - Increased intracranial pressure may lead to vomiting.
- * Diabetic ketoacidosis (DKA) - This is seen in diabetics who are taking insulin. Vomiting in insulin-dependent diabetics should be taken seriously and usually requires an emergency department disposition.
- * Emotional response to certain smells.
- * Foodborne illness ("food poisoning") - Foodborne illnesses usually present with gastrointestinal symptoms of vomiting, diarrhea and/or abdominal pain. The symptoms and their duration depend on the type of infection.
- * Gastroenteritis ("stomach flu") - There are many viral and bacterial causes.

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- * Labyrinthine disorders - This grouping includes labyrinthitis and motion sickness. Typically, nausea, vomiting and vertigo.
- * Medications - This may be the most common cause in adults, and certainly should be considered in elderly adults. Some examples include digoxin, narcotics, erythromycin, NSAIDS, and anticancer drugs.
- * Migraine headaches - Vomiting occurs commonly in some patients with migraine or cluster headaches.
- * Postoperative vomiting
- * Vomiting in first trimester of pregnancy (i.e., Morning Sickness)

DEHYDRATION - ESTIMATION BY TELEPHONE

* MILD DEHYDRATION

1. Urine Production: slightly decreased
2. Mucous Membranes: normal
3. Heart rate < 100 beats / minute
4. Slightly thirsty.
5. Capillary Refill: < 2 sec
6. Treatment: can usually treat at home

* MODERATE DEHYDRATION

1. Urine Production: minimal or absent
2. Mucous Membranes: dry inside of mouth
3. Heart rate 100-130 beats / minute
4. Thirsty, lightheaded when standing
5. Capillary Refill: > 2 sec
6. Treatment: must be seen; Go to ED NOW (or PCP Triage)

* SEVERE DEHYDRATION

1. Urine Production: none > 12 hours
2. Mucous Membranes: very dry inside of mouth
3. Heart rate > 130 beats / minute
4. Very thirsty, very weak and lightheaded; fainting may occur
5. Capillary Refill: > 2-4 sec
6. Treatment: must be seen immediately; Go to ED NOW or CALL EMS 911 NOW

* SIGNS OF SHOCK

1. Confused, difficult to awaken, or unresponsive
2. Heart rate (pulse) is rapid and weak
3. Extremities (esp. hands and feet) are bluish or gray, and cold
4. Too weak to stand or very dizzy when tries to stand
5. Capillary Refill: > 4 sec
6. Treatment: Lie down with the feet elevated, CALL EMS 911 NOW

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SEARCH WORDS

ABDOMEN

BLOOD IN VOMITUS

DEHYDRATION

DRY HEAVES

FOOD POISONING

IRRITATED STOMACH

NAUSEATED

RETCHING

STOMACH VIRUS

VIRAL GASTRITIS

VOMITED

VOMITING BILE

VOMITUS

BARF

DEHYDRATED

DIARRHEA

EMESIS

GASTRITIS

NAUSEA

NAUSEOUS

STOMACH

THREW UP

VOMIT

VOMITING

VOMITING BLOOD

- TRIAGE -

Call EMS 911 Now

Shock suspected (e.g., cold/pale/clammy skin, too weak to stand)

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 19, 1

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

R/O: encephalitis, increased intracranial pressure

CA: 40, 81, 1

Sounds like a life-threatening emergency to the triager

CA: 40, 1

See More Appropriate Guideline

Vomiting occurs only while coughing

Go to Guideline: Cough - Acute Productive

[1] Pregnant < 20 Weeks AND [2] nausea/vomiting began in early pregnancy (i.e., 4-8 weeks pregnant)

Go to Guideline: Pregnancy - Morning Sickness (Adult)

Chest Pain

Go to Guideline: Chest Pain (Adult)

[1] Severe headache AND [2] similar to prior migraines

Go to Guideline: Headache (Adult)

Go to ED Now

[1] Vomiting AND [2] contains red blood (EXCEPTION: few streaks and only occurred once)

R/O: gastritis, peptic ulcer disease, Mallory-Weiss tear

CA: 41, 80, 17, 81, 1

[1] Vomiting AND [2] contains black ("coffee ground") material

R/O: gastritis, peptic ulcer disease

CA: 41, 80, 17, 81, 1

Severe pain in one eye

R/O: acute glaucoma

CA: 41, 80, 81, 1

Recent head injury (within last 3 days)

R/O: subdural hematoma, concussion

CA: 41, 81, 80, 17, 1

Recent abdominal injury (within last 3 days)

R/O: traumatic pancreatitis, or duodenal hematoma

CA: 41, 1

[1] Insulin-dependent diabetes (Type I) AND [2] glucose > 400 mg/dl (22 mmol/l)

R/O: DKA

CA: 41, 81, 17, 1

Go to ED Now (or PCP triage)

[1] SEVERE vomiting (e.g., > 10 times / day) AND [2] present > 8 hours

Reason: greater risk for dehydration

CA: 42, 17, 87, 1

[1] Vomiting 3 or more times AND [2] age > 60

Reason: higher risk of significant pathology

CA: 42, 17, 87, 1

Severe headache (e.g., excruciating) (EXCEPTION: similar to previous migraines)

R/O: first migraine, CO poisoning, increased intracranial pressure

CA: 42, 81, 17, 1

High-risk adult (e.g., diabetes mellitus, brain tumor, V-P shunt, inguinal hernia, chemotherapy)

CA: 42, 1

[1] Drinking very little AND [2] dehydration suspected (e.g., no urine > 12 hours, very dry mouth, very lightheaded)

Reason: may need IV hydration

CA: 42, 1

Patient sounds very sick or weak to the triager

Reason: serious illness suspected

CA: 42, 80, 1

See Physician within 4 Hours (or PCP triage)

[1] MILD or MODERATE vomiting AND [2] abdomen looks much more swollen than usual

R/O: bowel obstruction

CA: 43, 89, 1

[1] Constant abdominal pain AND [2] present > 2 hours

R/O: appendicitis or other acute abdomen, bowel obstruction

CA: 43, 89, 1

[1] Fever > 103 F (39.4 C) AND [2] not able to get the fever down using Fever Care Advice

CA: 43, 76, 16, 89, 1

[1] Fever > 101 F (38.3 C) AND [2] age > 60

CA: 43, 76, 16, 89, 1

[1] Fever > 101 F (38.3 C) AND [2] bedridden (e.g., nursing home patient, CVA, chronic illness, recovering from surgery)

CA: 43, 76, 16, 89, 1

[1] Fever > 100.5 F (38.1 C) AND [2] immuno-compromised (e.g., HIV positive, cancer chemotherapy, splenectomy, organ transplant, chronic steroids)

CA: 43, 76, 16, 89, 1

Taking any of the following medications: digoxin (Lanoxin), lithium, theophylline, phenytoin (Dilantin)

R/O: drug toxicity

CA: 43, 87, 89, 1

Call PCP Now

Vomiting a prescribed medication or recently started on a new medication

Reason: medication may be important for health; or new medication may be causing vomiting

CA: 49, 1

See Physician within 24 Hours

[1] MILD or MODERATE vomiting AND [2] present > 48 hours (EXCEPTION: mild vomiting with associated diarrhea)

CA: 44, 4, 5, 6, 89, 1

Fever present > 3 days

R/O: bacterial cause

CA: 44, 6, 4, 5, 89, 1

See PCP When Office is Open (within 3 days)

[1] MILD vomiting with diarrhea AND [2] present > 5 days

CA: 45, 15, 4, 5, 6, 7, 1

Alcohol or drug abuse, known or suspected

CA: 45, 14, 20, 4, 5, 89, 1

See PCP within 2 Weeks

Vomiting is a recurrent problem

R/O: psychogenic vomiting, bulimia, peptic ulcer

CA: 46, 13, 4, 5, 6, 89, 1

Home Care

[1] SEVERE vomiting (e.g., vomits everything, > 10 times) BUT [2] hydrated (all triage questions negative)

Reason: will usually pass and all triage questions negative

CA: 48, 8, 3, 4, 5, 6, 7, 1

MILD or MODERATE vomiting (e.g., 1-10 times / day) (all triage questions negative)

CA: 48, 9, 4, 5, 6, 10, 7, 1

MILD vomiting with diarrhea (all triage questions negative)

CA: 48, 2, 4, 5, 6, 10, 22, 1

Also, might be pregnant

CA: 48, 91, 1

Fever treatment, questions about

CA: 48, 76, 21, 1

- CARE ADVICE (CA) -

1. CARE ADVICE per Vomiting (Adult) guideline.
2. REASSURE the CALLER: Vomiting and diarrhea are often caused by viral gastroenteritis (stomach flu) or mild food poisoning. Staying well-hydrated is the most important thing.
3. SLEEP:
 - Rest and try to sleep. (Reason: sleep often empties the stomach and relieves the need to vomit.)
 - When you awaken, begin drinking small amounts of clear liquids.
4. CLEAR FLUIDS - Drink clear fluids in small amounts for 8 hours:
 - Water or ice chips are often the best source of fluids.
 - Sports-rehydration liquids (Gatorade or Powerade) are also good. Other options include 1/2 strength flat lemon-lime soda or ginger ale.
 - Sip small amounts frequently (1 tablespoon every 5 minutes)
 - After 4 hours without vomiting, increase the amount.
5. SOLIDS (after 8 hours without vomiting):
 - Add bland foods (any complex carbohydrate) for 24 hours.
 - Try saltine crackers, white bread, rice, mashed potatoes, cereal, apple sauce, etc.
 - You can resume a normal diet in 24-48 hours.
6. AVOID MEDS:
 - Discontinue all vitamins and non-prescription medicines for 24 hours. (Reason: may make vomiting worse.)
 - Avoid NSAIDs, which can cause gastritis
 - Call if vomiting a prescription medicine.
7. CALL BACK IF:
 - Vomiting lasts > 48 hours
 - Signs of dehydration (e.g., no urination > 12 hours, very lightheaded)
 - You become worse.
8. REASSURANCE: Sometimes patients vomit everything for 3 or 4 hours, even if drinking small amounts. From what you've told me, you are well hydrated. It's safe to go without fluids for 6-8 hours (just like during the night). (EXCEPTION: also losing lots of fluid in diarrhea)
9. REASSURE the CALLER: Vomiting can be caused by many things. It is often caused by a stomach virus (stomach flu) or mild food poisoning. Staying well-hydrated is the most important thing.
10. EXPECTED COURSE: Vomiting from viral gastritis (stomach flu) usually stops in 12 to 48 hours. If diarrhea is present, it usually continues for several days.
11. CALL BACK IF:
 - Vomiting and diarrhea last > 5 days
 - Signs of dehydration (e.g., no urination > 12 hours, very lightheaded)
 - You become worse.
12. SAMPLE: Bring in a sample of the "bloody" material. (Reason: for testing.)

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13. VOMITING DIARY: Keep a diary of your vomiting: Include the date, time, place, and what you ate in the previous 2 hours. (Reason: try to find some of the triggers.)
14. ALCOHOL ABUSE: Abuse of alcohol is a serious problem and you need to be examined by a physician. Alcohol can cause gastritis and many other medical problems.
15. EXAM: From what you've told me, you are adequately hydrated. However, your symptoms have been going on too long. You need to be examined by a physician within the next 3 days.
16. CLEAR FLUIDS - Drink clear fluids in small amounts.
 - Sip water or rehydration liquid (Gatorade or Powerade)
 - Other options: 1/2 strength flat lemon-lime soda or ginger ale
 - Drink small amounts (1 tablespoon) q 5 minutes.
17. CONTAINER: You may wish to bring a bucket or container with you in case there is more vomiting during the drive.
18. DRIVING: Another adult should drive. If immediate transportation is not available via car or taxi, then the patient should be instructed to call EMS-911.
19. FIRST AID: Lie down with the feet elevated (Reason: counteract shock)
20. DRUG ABUSE: Drug abuse is a serious problem and you need to be examined by a physician. Drugs and drug withdrawal (especially narcotics) can cause vomiting and other medical problems.
21. CALL BACK IF:
 - Fever goes above 103 F (39.4 C) and you are unable to get it down
 - Fever lasts > 3 days (72 hours)
 - You become worse.
22. EXPECTED COURSE: Vomiting from viral gastroenteritis (stomach flu) or mild food poisoning usually stops in 12 to 48 hours. Diarrhea often lasts for several days.

40. CALL EMS 911 NOW: Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance). (Triage Discretion: I'll call you back in a few minutes to be sure you were able to reach them.)
41. GO TO ED NOW: You need to be seen in the Emergency Department. Go to the ER at _____ Hospital. Leave now. Drive carefully.
42. GO TO ED NOW (or PCP triage):
 - IF NO PCP TRIAGE: You need to be seen. Go to the ER/UCC at _____ Hospital within the next hour. Leave as soon as you can.
 - IF PCP TRIAGE REQUIRED: You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, go directly to the ER/UCC at _____ Hospital.

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43. SEE PHYSICIAN WITHIN 4 HOURS (or PCP triage):
 - IF NO PCP TRIAGE: You need to be seen. Go to _____ (ED/UCC or office if it will be open) within the next 3 or 4 hours. Go sooner if you become worse.
 - IF PCP TRIAGE REQUIRED: You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. If you haven't heard from the on-call doctor within 30 minutes, call again. (Note: If PCP can't be reached, send to ED/UCC or office.)
44. SEE PHYSICIAN WITHIN 24 HOURS:
 - IF OFFICE WILL BE OPEN: You need to be examined within the next 24 hours. Call your doctor when the office opens, and make an appointment.
 - IF OFFICE WILL BE CLOSED AND NO PCP TRIAGE: You need to be examined within the next 24 hours. Go to _____ at your convenience.
 - IF OFFICE WILL BE CLOSED AND PCP TRIAGE REQUIRED: You may need to be seen within the next 24 hours. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. (EXCEPTION: from 10 pm to 7 am. Since this isn't serious, we'll hold the page until morning.)
45. SEE PCP WITHIN 3 DAYS: You need to be examined within 2 or 3 days. Call your doctor during regular office hours and make an appointment.
46. SEE PCP WITHIN 2 WEEKS: You need an evaluation for this ongoing problem within the next 2 weeks. Call your doctor during regular office hours and make an appointment.
48. HOME CARE: You should be able to treat this at home.
49. CALL PCP NOW: You need to discuss this with your doctor. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, call again.
50. CALL PCP WITHIN 24 HOURS: You need to discuss this with your doctor within the next 24 hours.
 - IF OFFICE WILL BE OPEN: Call the office when it opens tomorrow morning.
 - IF OFFICE WILL BE CLOSED: I'll page him now. (EXCEPTION: from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.)
51. CALL PCP WHEN OFFICE IS OPEN: You need to discuss this with your doctor within the next few days. Call him/her during regular office hours.
76. FEVER MEDICINE:
 - Fever above 101 F (38.3 C) should be treated with acetaminophen. This can be taken by mouth as pills or per rectum using a suppository. Both are available over the counter. Usual adult dose is 650 mg PO or PR q 6 hours.
 - The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2 degrees F (1- 1 1/2 degrees C).
80. DRIVING: Another adult should drive.
81. BRING MEDS: Be certain to bring your medications with you to the Emergency Department.

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82. **AMBULANCE TRANSPORT:** Because of bedridden state, it is likely that the patient will need to be transported via ambulance and examined at the emergency department. Caretakers can arrange ambulance transport via private ambulance company or via EMS 911.
83. **NPO:** Do not eat or drink. (Reason: condition may need surgery and general anesthesia)
87. **BRING MEDS:** Be certain to bring your medications or a list of your meds with you, when you go to see the doctor.
89. **CALL BACK IF:**
 - You become worse.
91. **PREGNANCY TEST, WHEN IN DOUBT!**
 - If there is any doubt about the possibility of pregnancy, then
 - Obtain and use a urine pregnancy test from the store
 - Call back if you are pregnant.

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Content Set: Telephone Triage Algorithms - Adult After-Hours Version

Version Year: 2006

Last Revised: 1/14/2006

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David A. Thompson, M.D., FACEP

Education

1985-1989	Northwestern Memorial Hospital Combined Residency, Internal Medicine/Emergency Medicine Chief Resident in Emergency Medicine 1988 - 1989
1981-1985	University of Illinois College of Medicine Alpha Omega Alpha 1984
1976-1980	University of Illinois College of Engineering Tau Beta Pi 1980

Clinical Work Experience

4/01 – Present	Asst. Medical Director and Vice-Chair Department of Emergency Medicine, MacNeal Hospital
4/95 – 4/01	Medical Director and Chair, Department of Emergency Medicine MacNeal Hospital, Berwyn, Illinois; 49,000 Annual Patient Visits
1/00 - Present	Clinical Instructor in Medicine, University of Chicago
11/95 – 3/00	Medical Director, Medical Call Center MacNeal Hospital and Health Network; 50,000 Calls per Year
7/89 - Present	Attending Physician, Emergency Department MacNeal Hospital

Medical Licensure

2000	American Board of Emergency Medicine, Re-certification
1990	American Board of Emergency Medicine
1989	American Board of Internal Medicine
1985	State of Illinois 036-074850

Professional Organizations

Current	American College of Emergency Physicians American College of Physician Executives Illinois College of Emergency Physicians
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Publications in Peer-reviewed Journals

1989-2000	10 Articles. List Available Upon Request
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Clinical Content for Medical Software

Thompson DA: Adult Telephone Triage Protocols, 169 Topics. 2001
Thompson DA: Adult HouseCalls Online. Internet Protocols. 2001.
Thompson DA: Adult Telephone Triage Protocols, 100 Topics. 2000.

Adult Protocol Review Process

- Review Relevant Pediatric Protocol(s) from Dr. Barton Schmitt
Write First Draft-Version of Adult Protocol
- Research topic
- Review books, internet, journals, and/or consult physician sub-specialist(s)
Develop differential diagnosis
- Create table of differential diagnoses with ICD-9CM codes
- Assess frequency of each diagnosis
- Assess urgency, morbidity/mortality, required disposition level for each diagnosis
Write Second Draft-Version
- Incorporate information from research and differential diagnosis
Write Third Draft-Version
- Two weeks after second draft
- Identify, incorporate, and cite 3-5 relevant journal articles
Send Protocol to Reviewers
- Obtain written feedback from 5-8 reviewers for each protocol
- Reviewers: call center medical directors, emergency physicians, primary care adult physicians (IM, FP), physician sub-specialists, call center nurses, sub-specialty nurses
Write Fourth Draft-Version
- Incorporate reviewer suggestions
Clinical Testing of Protocol Performance by Designated Call Centers
Write Fifth-Final Version
- Modify protocol to incorporate clinical and non-clinical testing results
Release Final Version to Call Centers
Review of Protocol by Medical Director at Each Site Prior to Activation

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V 4.28.2006