




STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

MEMORANDUM

TO: EMS Agency Officials
EMS Agency Squad Training Officers
Regional Medical Command Staff

FROM: Deron E. Wilkes
Chief of Operations 

DATE: October 3, 2008

**SUBJECT: Protocol 4902 – Patient Comfort
Addition of Ondansetron (Zofran)**

At a recent meeting of the WV EMS System's State Medical Policy and Care Committee, the addition of **Ondansetron (Zofran)** to Protocol 4902 – Patient Comfort was approved. The attached protocol reflects this change and is now approved for use by your staff after appropriate education occurs.

Ondansetron (*Zofran*) has proven to be an effective anti-nausea and anti-emetic medication with minimal significant side effects. Since nausea and vomiting are often associated with the 5-HT₃ serotonin receptors in the brain (and possibly in other sites as well), 5-HT₃ antagonists (like ondansetron) have been very effective in preventing or treating severe nausea and vomiting. The solution for injection is manufactured generically as a 4 mg/2 ml single dose vial or 40 mg/20 ml multidose vial.

As indicated in the protocol, use of ondansetron is a **Status 2 intervention** and requires consultation with Medical Command prior to use. The approved dose is 4mg IVP. Ondansetron will become a required drug for all Class C ambulances upon the release of the next version of the *WVOEMS Ambulance Equipment List*, currently expected to be out in early 2009, but is approved for stocking and use at this time.

Please feel free to contact me if you have any questions. I can be reached in the Office at 304.558.3956 or by email at deronwilkes@wvdhhr.org.

BUREAU FOR PUBLIC HEALTH
WV Trauma & Emergency Care System
Office of Emergency Medical Services
350 Capitol Street, Room 425
Charleston, West Virginia 25301-3714
www.wvoems.org



EMT-Paramedic Treatment Protocol 4902

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Pain management in the field may be indicated when there is isolated trauma to extremities, severe burns, or amputations. Occasionally, patients with severe musculoskeletal back, neck, or flank pain may require pain treatment in order to facilitate packaging and transport. Except in rare circumstances, pain medication **should not** be administered to multiple trauma patients with possible head, abdomen, or chest injuries.

In some patients non-narcotic pain medication may be more appropriate. Extreme care must be exercised in determining the patient's risk for complications associated with the administration of this class of drugs (*Toradol*). Carefully determine if the patient has a history of kidney problems, gastrointestinal ulcers, or bleeding disorders, as well as cardiac problems, or allergies to aspirin or ibuprofen. These patients may not be candidates to receive ketorolac tromethamine (*Toradol*) in the field. **Consultation with MCP** is essential on all patients in which *Toradol* is considered.

Nausea and/or vomiting can be a side-effect of narcotic pain medications or associated with many conditions including motion sickness while being transported. Promethazine or ondansetron may be administered **per order of Medical Command** for patients suffering from severe nausea or to prevent nausea associated with these conditions.

- A. Perform **TAMP (4101)** or **MAMP (4201)**.
- B. Review patient's allergies, current medications, and past medical history.
- C. IV normal saline KVO or saline lock.
- D. Contact Medical Command.



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- E. If severe pain, administer morphine sulfate 2 to 4 mg IV (pediatric dose 0.05mg/kg) **per order of Medical Command.**



1. If pain not relieved, may repeat dosing **per MCP order.** Doses greater than 4 mg IV in a single dose **require MCP order.**
2. If non-narcotic pain medication appears more appropriate for patient, administer ketoralac tromethamine (*Toradol*) 15 to 30 mg IV or 30-60 mg IM **per MCP order.** IM dosing should be reserved for longer transport times.



- F. Consider administration of promethazine 6.25 to 12.5 mg IV pediatric dose 0.5 mg/kg to total single dose of 6.25 mg) diluted with minimum of 3 ml of normal saline or ondansetron (Zofran) 4 mg IV, to prevent or treat nausea and vomiting, **per order of Medical Command.**



- G. Expedite transport and monitor vital signs and mental status closely.

Special Note:

1. Reduced doses of promethazine may be indicated in the elderly, those with asthma, and those susceptible to CNS depression.
2. Do not mix *Toradol* in syringe with any other medication.
3. Do not administer *Toradol* to patients with aspirin or ibuprofen allergy or elderly patients with a cardiac history.
4. Patients with history of renal problems, GI bleeding, ulcers, or bleeding disorders are usually **not** candidates for *Toradol*.