Figure 1. Algorithm for approach to acute nausea and vomiting

CT abdomen/pelvis

Ultrasound if RUQ pain and abnormal liver chemistries

endoscopy

Surgical consultation

CT head

Neuorology or ENT consultation

Assess for emergent complication (shock, severe electrolyte disturbance) or decompensation

Basic lab work – CBC, electrolytes, creatinine, liver chemistries; lipase, inflammatory markers if history appropriate. Pregnancy testing in women of childbearing age

Guided workup by history and exam clues

Pain

Abdominal distension

New medications or suspicion of drugs

Fever, diarrhea, sick contacts

Neurologic signs or symptoms

Pain

Abdominal flat and upright x-rays

Check drug screen if appropriate and withdraw offending substance

**Y N**

Resuscitation and stat labs, imaging and consultations as rest of algorithm

Specific therapy

Mucosal disease

Negative or retained food

Antiemetics and observation

Surgical consulation

Antiemetics and observation

Peritoneal signs by exam

Neurology or neurosurgery consultation

**Pos** **Y**

Stool cultures, other microbiology as indicated

**Y N N**

**Neg**

**Neg**

Disease-specific therapy

**Pos** **Neg** **Pos**

**Pos**

**Neg Neg**

Antiemetics and outpatient motility testing