Government of **Western Australia**
Department of **Health**

Enhanced Access Community Pharmacy Pilot

Acute nausea and vomiting associated with gastroenteritis

Clinical practice guideline

Service restricted to patients aged 18 years or over.

Ineligibility for treatment as part of a prescribing service does not preclude a patient from accessing services provided as part of usual pharmacy care.

The information and content in this clinical practice guideline do not constitute medical advice, diagnosis, or treatment recommendations for individual patients. Pharmacists must exercise professional discretion and judgement consistent with their qualifications and legislative authority. This guideline does not override the responsibility of the pharmacist to undertake clinical assessments and to make decisions appropriate to the circumstances of the individual and the relevant standards of care, in consultation with the patient and/or their parent/caregiver. This clinical practice guideline may only be used by pharmacists who have been approved by the Department of Health to participate in the Enhanced Access Community Pharmacy Pilot (EACPP) and are authorised to prescribe under the *Medicines and Poisons Regulations 2016* (WA). This document alone does not provide an authorisation for a pharmacist to prescribe.

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Refer when

- The patient is aged below 18 years (does not preclude a patient from accessing usual pharmacy care)
- Prolonged vomiting (> 24 to 48 hours)
- Patient looks very unwell or is very drowsy
- Significant recent weight loss
- Abdominal distension or tenderness
- Rectal bleeding
- Green, bile or blood vomit
- Fever, neck stiffness, confusion
- Severe headache, altered or loss of consciousness
- Isolated vomiting without nausea
- History of head injury/trauma
- Increased blood ketone and glucose levels
- Diabetic or is immunocompromised
- Recent overseas travel
- Nausea and vomiting are post-operative, radiation-induced, or suspected to be drug or medicine-induced
- Parenteral administration of an antiemetic is indicated
- The nausea and vomiting is chronic (symptoms for > 4 weeks)
- The patient has recurring episodes of acute nausea and vomiting
- Inadequate response to optimal treatment
- Signs of severe dehydration
- Severe pain, or nausea and vomiting occur with chest or back pain.

Treat and concurrently refer

- The patient is or could be pregnant
- Labyrinthitis is suspected.

Key points

- It is essential to consider the clinical context when assessing patients with nausea and vomiting, including the possibility of life-threatening causes, before developing a management plan[2, 3].
- Causes of acute nausea and vomiting can stem from the gastrointestinal (GI) tract, the central nervous system (CNS), or result from a systemic condition, and can often be attributed to an identifiable cause, most commonly acute gastroenteritis, food poisoning or other toxins, migraine, motion sickness, or pregnancy[2, 4].
- An oral antiemetic may be considered for symptom relief if the nausea and vomiting is suspected to be caused by gastroenteritis, although spontaneous improvement of acute nausea and vomiting is likely[2].

Refer when

Provide supportive management (hydration) and refer the patient to an appropriate healthcare provider (including emergency services, if required) in the following situations:

- the patient is aged below 18 years (does not preclude a patient from accessing usual pharmacy care)
- prolonged vomiting (> 24 to 48 hours)
- patient looks very unwell or is very drowsy
- significant recent weight loss
- abdominal distension or tenderness
- rectal bleeding
- green, bile or blood (coffee grounds) vomit
- fever, neck stiffness, confusion
- severe headache, altered or loss of consciousness
- isolated vomiting without nausea
- history of head injury/trauma
- increased blood ketone and glucose levels, including if ketones are 0.6 mmol/L or higher
- diabetic or is immunocompromised
- recent overseas travel
- nausea and vomiting are post-operative, radiation-induced or suspected to be drug or medicine-induced
- parenteral administration of an antiemetic is indicated
- nausea and vomiting is chronic (symptoms for > 4 weeks)[1]
- the patient has recurring episodes of acute nausea and vomiting
- inadequate response to optimal treatment
- signs of severe dehydration e.g. reduced or no urine output, intense thirst, marked loss of skin turgor, sunken eyes, tachycardia, severe hypotension, increased respiration
- severe pain, or nausea and vomiting occur with chest or back pain.

Treat (if clinically appropriate) and concurrently refer

Provide initial treatment and concurrently refer to an appropriate healthcare provider in the following situations:

- the patient is or could be pregnant
- labyrinthitis is suspected (vertigo, nystagmus with symptoms worsened by motion, tinnitus).

Patient history and assessment

The assessment approach focuses on identifying the cause (or excluding significant underlying diseases) with a view to expectant management or directing specific treatment.

Patient history

Obtain sufficient information from the patient to identify the likely cause of the nausea/vomiting and assess the safety and appropriateness of any recommendations and medicines.

The patient history should consider:

- age
- pregnancy and lactation status (if applicable)
- nature, severity, and frequency of symptoms
- food and/or drink consumed in the last 24 hours
- onset and duration of symptoms, including timing in relation to eating/drinking
- signs and symptoms of dehydration
- risk factors for dehydration or electrolyte abnormality (e.g. kidney transplantation, malnutrition, frailty)
- ability to adhere to treatment or monitoring for dehydration (e.g. intellectual disability)
- recent head trauma or injury
- similar symptoms in close contacts
- exposure to toxins, poisons, bites, or stings
- recent travel
- accompanying symptoms e.g. chest pain or heartburn, headache, dizziness, weight loss, fever, abdominal pain, last bowel motion, diarrhoea, constipation, dysuria, or frequency of urination
- precipitating and relieving factors
- underlying medical conditions e.g. immunocompromised, diabetes, or recent surgery
- current and recently ceased treatments (including prescribed medicines, vitamins, herbs, other supplements, and over-the-counter medicines)
- drug allergies/adverse drug reactions
- medication tried to treat current symptoms
- alcohol and illicit drug history.

Reminder

Pharmacists can access a range of clinical information in a patient's My Health Record, including details about current and past medication history, allergies, and current medical conditions.

Examination

- Where appropriate, conduct assessment of vital signs.
- Assess hydration status as per the Therapeutic Guidelines: Gastrointestinal (Acute gastroenteritis - Assessment of acute gastroenteritis)[5].
- Examine for abdominal tenderness or distention, particularly areas where hernias commonly present (excluding the groin).

Consider possible causes of nausea and vomiting

A non-exhaustive list of possible causes of acute and chronic nausea, and vomiting are presented in Appendix 1. When in doubt of the cause of the nausea and vomiting, the pharmacist should refer the patient to an appropriate healthcare provider.

Develop management plan

Pharmacists must ensure that they are prescribing medicines according to the specified sections of the current online version of the Therapeutic Guidelines.

Before starting treatment, identify, treat, or remove the cause of the nausea and vomiting (if possible), and ensure adequate hydration[6].

Pharmacist management of acute nausea and vomiting associated with gastroenteritis includes:

- **non-pharmacological measures:**
  - oral rehydration therapy to prevent or correct dehydration, in accordance with the Therapeutic Guidelines: Gastrointestinal (Acute gastroenteritis – Rehydration for acute gastroenteritis in adults)[5]
- **pharmacotherapy:**
  - an oral medicine for the treatment of acute nausea and vomiting associated with gastroenteritis mentioned in the Therapeutic Guidelines: Gastrointestinal: Nausea and vomiting (Antiemetic drugs in adults)[2].

Confirm management is appropriate

Consult the *Therapeutic Guidelines, Australian Medicines Handbook* and other relevant resources to confirm that management is appropriate, including for:

- contraindications and precautions
- drug interactions
- pregnancy and lactation.

Communicate agreed management plan

Comprehensive advice and counselling (including supporting written information when required) should be provided to the patient regarding:

- individual product and medicine use
- non-pharmacological measures, including the importance of rehydration
- how to manage adverse effects
- the impact of vomiting on the absorption and effectiveness of other regular medications
- when to seek further care and/or treatment, including recognising patient deterioration and dehydration.

It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources and information provided to patients (and/or parents/caregivers if applicable), and to ensure compliance with all copyright conditions.

The agreed management plan should be shared with members of the patient's multidisciplinary healthcare team, with the patient's consent.

General advice

At the time of initial consultation, patients (and/or parents/caregivers) should be advised to see an appropriate healthcare provider if:

- the condition does not improve or resolve within 24 to 48 hours of starting treatment
- the patient's condition worsens, including developing systemic signs and symptoms
- the patient develops new or worsening signs or symptoms, or signs of severe dehydration
- the patient's symptoms recur after initial resolution
- adverse effects of treatment cannot be managed in the pharmacy setting.

Clinical review

Clinical review is generally not required. Advise patients (and/or parents/caregivers) to see an appropriate healthcare provider if the condition does not improve or resolve (see Refer when and General advice).

Pharmacist resources

- Therapeutic Guidelines: Gastrointestinal
  - Nausea and vomiting
  - Acute gastroenteritis
- CARPA Standard Treatment Manual
  - Nausea and vomiting
- Australian Medicines Handbook:
  - Antiemetics
- MSD Manual (Professional version):
  - Nausea and vomiting
  - Acute abdominal pain
- SOMANZ: Position statement on the Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum
- Australian Prescriber: Antiemetic drugs: what to prescribe and when
- Queensland Health and Royal Flying Doctor Service (Queensland branch): Primary Clinical Care Manual 12th edition 2025
- Food safety WA:
  - Outbreaks and incident management
  - Food safety incidents

Appendix 1 - Possible causes of nausea and vomiting[2, 4, 7-12]

Condition	Presentation and suggestive findings	Action
Gastrointestinal disorders		
Adynamic ileus	• Abdominal distention • Increased risk after surgery (up to 72 hours post-surgery) • Severe illness of electrolyte abnormality	Referral to an appropriate healthcare provider if suspected.
Bowel obstruction	• Abdominal distention, severe constipation, and tympany to percussion • Vomiting is often bilious • History of abdominal surgery (visible surgical scars) or hernia	Immediate referral to an appropriate healthcare provider is required if suspected.
Gastroenteritis – viral or bacterial/ food poisoning	• Vomiting accompanied by diarrhoea • Normal abdomen when examined • Food poisoning apparent based on history	Self-limiting – May be managed under this guideline. For suspected food poisoning, consider notification to local public health unit.
Gastroparesis	• Vomiting of partially digested food within a few hours of consumption • Often occurs in people with diabetes or after abdominal surgery	Referral to an appropriate healthcare provider if suspected.
Hepatitis	• Mild to moderate nausea (sometimes vomiting) over many days • Jaundice • Malaise • Slight liver tenderness is sometimes present	Referral to an appropriate healthcare provider if suspected.
Peritonitis or other acute abdominal condition e.g. acute mesenteric ischemia, pancreatitis, appendicitis	• Severe abdominal pain that may be vague and nauseating (visceral), sharp and localised (somatic), or pain perceived distant to its source (referred) • Other warning signs may be present	Referral to an appropriate healthcare provider if suspected.
Toxic ingestion including alcohol	• Ongoing nausea, vomiting, and indigestion that occurs with chronic cannabis use	Immediate referral to an appropriate healthcare provider is required if suspected.

Condition	Presentation and suggestive findings	Action
Central nervous system disorders		
Cannabis use (cannabis hyperemesis syndrome)	• Ongoing nausea, vomiting, and indigestion that occurs with chronic cannabis use	Symptoms resolve after stopping cannabis use and may be relieved with a hot shower. Referral to an appropriate healthcare provider and other services if required.
Closed head injury or concussion	• Generally apparent based on history	Immediate referral to an appropriate healthcare provider is required if suspected.
CNS haemorrhage	• Sudden onset of headache • Change in mental status • Meningeal signs including photophobia, neck stiffness, and seizures may be present	Immediate referral to an appropriate healthcare provider is required if suspected.
CNS infection e.g. meningitis	• Gradual onset of headache • Change in mental status • Meningeal signs including photophobia, neck stiffness, and seizures may be present • Petechial rash may be present	Immediate referral to an appropriate healthcare provider is required if suspected.
Increased intracranial pressure	• Headache • Change in mental status • Focal neurological deficits sometimes present	Immediate referral to an appropriate healthcare provider is required if suspected.
Labyrinthitis	• Vertigo, nystagmus with symptoms worsened by motion • Tinnitus sometimes present	Referral to an appropriate healthcare provider is required if suspected.
Migraine	• Headache, with or without aura or photophobia • Patient will usually have a history	Usual pharmacy care and referral to an appropriate healthcare provider.
Motion sickness	• Generally apparent based on history	Usual pharmacy care.

Condition	Presentation and suggestive findings	Action
Systemic conditions		
Advanced cancer, chemotherapy, or radiation exposure	• Apparent based on history	Referral to an appropriate healthcare provider is required.
Diabetic ketoacidosis (DKA)	• History of diabetes, although may occur without a known history of diabetes • Polyuria, polydipsia, hyperventilation, abdominal pain, and/or impaired consciousness • Significant dehydration often present • Patients with diabetes should be advised to check their blood glucose levels and test ketones in blood or urine[9]	Immediate referral to an appropriate healthcare provider is required if this is suspected, including if ketones are 0.6 mmol/L or higher.
Drug adverse effect or toxicity	• Generally apparent based on history • Assess severity and probable cause	If nausea and vomiting is a known adverse effect, referral to the original prescriber is required. If suspected overdose or serious reaction, immediate referral to an appropriate healthcare provider is required.
Liver or renal failure	• Generally apparent based on history • Asterixis • Jaundice in advanced liver disease often present • Uremic odour in renal failure often present	Immediate referral to an appropriate healthcare provider is required if suspected.
Myocardial infarction	• Chest pain, which may radiate to the back, jaw, left arm, shoulders (or all these areas) • Shortness of breath, sweating, dizziness	Immediate referral to an appropriate healthcare provider is required if suspected.
Severe pain	• Multiple causes and presentations	Immediate referral to an appropriate healthcare provider is required if suspected.

Condition	Presentation and suggestive findings	Action
Systemic conditions		
Addisonian (acute adrenal) crisis	• History of adrenal insufficiency, trauma, acute stress, illness or recent surgery, or abrupt cessation of glucocorticoid therapy • Symptoms of acute circulatory failure (hypotension, confusion) • Other symptoms may include weakness, loss of consciousness, dizziness, fever, sudden onset of pain in lower back or legs, high heart rate	Immediate referral to an appropriate healthcare provider is required.
Other causes		
Pregnancy	• Can occur at any time of the day or night. May be triggered by food or odours • Patient may not be aware they are pregnant	Treat (if clinically appropriate) and concurrently refer to an appropriate healthcare provider. Usual pharmacy care including non-pharmacological therapies may be recommended for mild to moderate N&V.
SARS-COV-2 infection	• Fever, fatigue, dry cough, shortness of breath • Nasal symptoms (congestion, rhinorrhoea)	Usual pharmacy care and referral to an appropriate healthcare provider.
Urinary tract infection	• Generally apparent based on history • Presence of dysuria, urinary urgency, and frequency • Suprapubic tenderness or discomfort	Referral to an appropriate healthcare provider or an appropriate pharmacy service is required.

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