EMESIS INDUCTION

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PATIENT EXHIBITS DIETARY INDISCRETION, OR EVIDENCE OF DIETARY INDISCRETION (EG, CHEWED PACKAGING, MISSING ITEMS, FOOD COLORING ON FACE) IS FOUND

Hydrocarbon or petroleum distillates (eg, gasoline, kerosene, motor oil, transmission fluid, tiki torch oil) used or suspected?

**YES**
- High risk for aspiration; do not induce emesis

**TREATMENT**
- Consider endoscopic or surgical retrieval
- Can consider feeding a bulk high-fiber diet

**NO**

Does suspected or known ingested substance have sharp edges?

**YES**
- Is substance corrosive or caustic (eg, zinc phosphide)?
  - **YES**
    - Batteries must be removed immediately*
  - **NO**
    - See *Time since ingestion*

**NO**

Has the patient already vomited?

**YES**
- Is mentation appropriate, and can patient protect the airway?
  - **YES**
    - Consider gastric lavage with airway protection
  - **NO**

**NO**

Does the patient have an underlying medical condition (eg, brachycephaly, upper airway disease, laryngeal paralysis, megaesophagus)?

**YES**
- Emetic induction is high-risk; consider gastric lavage

**NO**

*In cases of battery ingestion, some clinicians may recommend radiography to determine whether alkaline batteries are intact, if so, emesis can be safely induced. All lithium/disc or punctured alkaline batteries should be removed via scope or surgery. Button batteries in the esophagus require immediate removal; if in the stomach or beyond, consider feeding a bulky diet to promote passage, although this has risk for complications (eg, ulceration, perforation).
Due to the lack of a specific timeline recommendation in veterinary medicine, the authors provide these time frames based on time passed since suspected ingestion. Ingestion is considered severe if the amount or type of toxicant ingested leads to higher risk for more serious toxicity.

**TREATMENT**

- **Induce emesis**

**INVESTIGATION**

- Delayed gastric emptying (e.g., after ingestion of salicylates, opioids, anticholinergics, tricyclic or antidepressants)?
- Stomach contents identified on ultrasound images or radiographs?
- Large amount of xylitol gum (dogs), grapes or raisins (dogs), iron tablets, chewable multivitamins, blood or bone meal?
- Severe ingestion, high risk for adverse effects related to toxin, and lack of an antidote?

**TREATMENT**

- Xylazine: 0.44 mg/kg IM
- Dexmedetomidine: 7 µg/kg IM or 3.5 µg/kg IV
- Hydromorphone: 0.1 mg/kg SC

If emesis is unsuccessful:

- Repeat induction agent once, typically 5-15 minutes after first dose but dependent on agent and route
- Consider offering food bolus prior to second induction
- Consider gastric lavage
- Consider endoscopic or surgical removal
- Consider bulk feeding (through offered food) to promote passage of toxin
- Treat supportively for maximum toxic dose

**NOT RECOMMENDED FOR EMESIS**

- Liquid soap
- Ipecac syrup
- Salt
- Digital induction
- Mustard powder
- Hydrogen peroxide (cats)