EMESIS INDUCTION

Kendon Kuo, DVM, MS, DACVECC
Katherine Gerken, DVM, MS, DACVECC
Auburn University

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

**NO**

Does suspected or known ingested substance have sharp edges?

**YES**

Is substance corrosive or caustic (eg, zinc phosphide)?

**YES**

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

**YES**

Has the patient already vomited?

**YES**

Is mentation appropriate, and can patient protect the airway?

**YES**
- Consider gastric lavage with airway protection

**NO**

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

**NO**

**TREATMENT**
- Do not induce emesis, as it may worsen the caustic effects of these substances
- Dilute substances orally with water, milk, or magnesium hydroxide instead of removing
- Provide support (eg, analgesics, gastroprotectants) based on clinical signs
- Batteries must be removed immediately*

**NO**

Vomiting may not have removed contents; consider emesis if stomach contents remain as identified via ultrasonography/radiography

**TREATMENT**
- See Time since ingestion
- Consider gastric lavage with airway protection

*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).*
**Management Tree**

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**TREATMENT**

*Induce emesis*

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**Time since ingestion**

- **<2 hours**
  - **CAT**
    - **TREATMENT**
      - Xylazine: 0.44 mg/kg IM
      - Dexmedetomidine: 7 µg/kg IM or 3.5 µg/kg IV
      - Hydromorphone: 0.1 mg/kg SC
  - **DOG**
    - **TREATMENT**
      - Apomorphine: 0.03 mg/kg IV or IM or 6.25 mg subconjunctivally (flush after emesis and use caution with corneal ulceration)
      - Tranexamic acid: 50 mg/kg IV
      - 3% hydrogen peroxide: 1-5 mL/kg up to 50 mL (avoid if possible, as esophagitis and gastritis could occur)

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**INVESTIGATION**

- Delayed gastric emptying (eg, 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?

**NOT RECOMMENDED FOR EMESIS**

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

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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.