Mercy EMS Education

Clinical Operations Team

Fine Tuning Our Practice

April 20, 2026

Compazine

- **Protocol allows for 5 mg IV Compazine (prochlorperazine) for use in nausea and vomiting.**
- **Prochlorperazine comes with more risk and complications that other antiemetics.**
- **Sedation, anxiety, drowsiness and hypotension that is much more common in elderly or patients >60 year of age.**

Patient, 70's year old with complaints of dyspnea, hypertensive and was attended by BLS.

- **Patients with a complaint of dyspnea and abnormal vital signs should have an ALS assessment and ALS transport.**

80's year olds with abdominal pain, being transferred from one ER to another for further imaging, IV in place, antibiotics given by the send ER should be transported by ALS.

- **Patients transported from one ER to another for abdominal pain and further imaging would typically be ALS.**
- **If documentation does not support why this patient would not need further evaluation, pain medication, no concern for further problems (probably why they are going for further imaging) – defer to ALS.**

60's year old patients with nausea, normal blood pressure, atrial fibrillation with RVR

- **Patients >60 would likely have increased side effects of prochlorperazine.**
- **Those patients that are likely to receive Cardizem to slow the HR, prochlorperazine would not be the ideal choice (increasing risk for hypotension with both)**

Trauma patient with chest trauma, poor O2 saturations, ultimately progresses to a traumatic cardiac arrest.

- **Consider early bilateral chest decompression with trauma patients with chest trauma.**
- **Truama cardiac arrest should almost always include bilateral needle decompression to rule out reversable causes.**

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