

Patient's Name: _____

Date: _____

NAUSEA AND VOMITING

Normal <ul style="list-style-type: none">• Did you have nausea/vomiting prior to your treatment?• Are you aware of any medications that you are taking that could cause nausea and vomiting (e.g. antibiotics)	
Onset <ul style="list-style-type: none">• When did the nausea and/or vomiting begin?• How many episodes of vomiting in the last 24 hours?	
Provoking / Palliating <ul style="list-style-type: none">• What brings on the nausea and/or vomiting?• Is there anything that makes the nausea/vomiting better? Worse?	
Quality <ul style="list-style-type: none">• Describe the emesis? – Colour (visible blood, coffee ground emesis, bile)?• Volume (large or small amounts)? Odour?	
Region / Radiation - NA	
Severity / other Symptoms <ul style="list-style-type: none">• How bothered are you by this symptom?• Have you been able to eat in the past 24 hours?• Have you be able to tolerate fluids in the past 24 hours• Do you have nausea with or without vomiting?• Projectile vomiting?• Have you had any other symptoms such as: Abdominal pain? Headache? Pain elsewhere?• Passing gas?• Constipation? - When was your last bowel movement? Blood/mucous in stool?• Fever? - possible infection• Dehydration?: Dry mouth, thirst, dizziness, weakness, dark urine?	
Treatment <ul style="list-style-type: none">• What medications or treatments have you tried? Has this been effective?	
Value <ul style="list-style-type: none">• What do you believe is causing your nausea?	