

## **VERTIGO**

### **INCLUSION CRITERIA**

History and physical consistent with peripheral vertigo  
(Sudden, severe, maybe intermittent, nystagmus horizontal or rotary,  
positional, may be suppressed by visual fixation)  
Acceptable vital signs  
Normal cerebellar exam (heel - shin, or finger nose testing)  
Normal cranial nerve exam (corneal reflex, EOM intact)  
Normal HCT (if age > 68)

### **EXCLUSION CRITERIA**

Acute hearing loss, double vision, neuro deficits  
Severe headache or head trauma associated with vertigo  
Significant vital sign abnormalities (ie tachy or bradyarrhythmias, persistent hypotension)  
Fever (Temp of 38 C oral or greater)  
High clinical suspicion of central vertigo  
History of □ drop attacks □ (VBI)

### **OBSERVATION UNIT INTERVENTIONS**

Medication - Benzodiazepines (Ativan, Valium -low dose)  
Anticholinergics (Antivert, benadryl)  
Antiemetics (Phenergan, Compazine)  
Appropriate IV hydration  
Testing - If persistent and severe vertigo, head CT.  
- Consider blood work - CBC, lytes, BUN/CR, Glucose, Ca, Mg, Urine  
Advance diet and ambulate as tolerated

### **DISPOSITION CRITERIA**

Home - Acceptable vital signs  
Able to ambulate and care for self safely in home environment  
Able to take PO medications  
  
Hospital - Unacceptable vital signs or clinical condition (ie stroke)  
Significant lab or Xray abnormalities  
Unable to take PO meds or care for self in home environment  
Unable to ambulate as well as before vertigo.