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 bradyarrythmias, persistant 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 persistant 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.