Guidelines for Treatment of Nausea and Vomiting in the conservative management of Malignant Bowel Obstruction

I. DIAGNOSING BOWEL OBSTRUCTION

A. Intrabdominal malignancy should be present.

B. One or more of the following SYMPTOMS/SIGNS should also be present

1. Nausea and/or vomiting
2. Constipation/diarrhoea
3. Abdominal pain (insufficient as the only symptom)
4. Abdominal distension
5. Palpable tumour mass
6. Tympanic percussion
7. Tinkling/abnormal bowel sounds
8. Fluid levels or bowel loops on plain abdominal Xray

II. Management of other symptoms in Bowel Obstruction

Docusate sodium is the laxative of choice.
STOP stimulant laxatives e.g. Senna, particularly if colic is present.

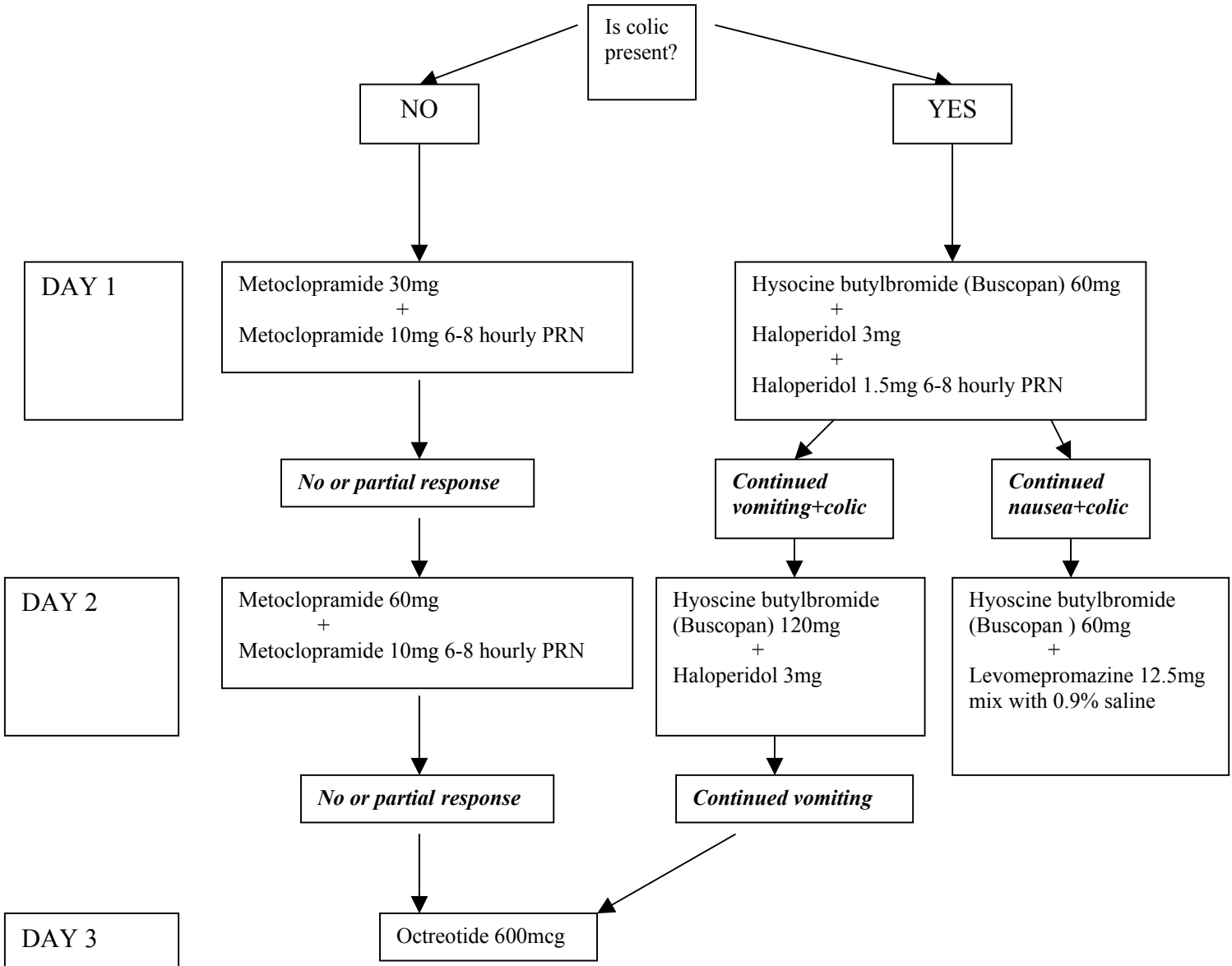
III. Prescribing medication in bowel obstruction

1. Medication should be given subcutaneously via a syringe driver over 24 hours, titrating **Diamorphine** as required for pain.

2. A **loading dose** of each drug should be given prior to commencing the syringe driver.

3. Ensure **PRN medication** is prescribed.

MANAGEMENT OF BOWEL OBSTRUCTION IN MALIGNANT DISEASE



CALL PALLIATIVE CARE TEAM IF SYMPTOMS NOT CONTROLLED.

020 7928 9292 X 3648 (STH) OR
020 7378 1880 (GUY'S)