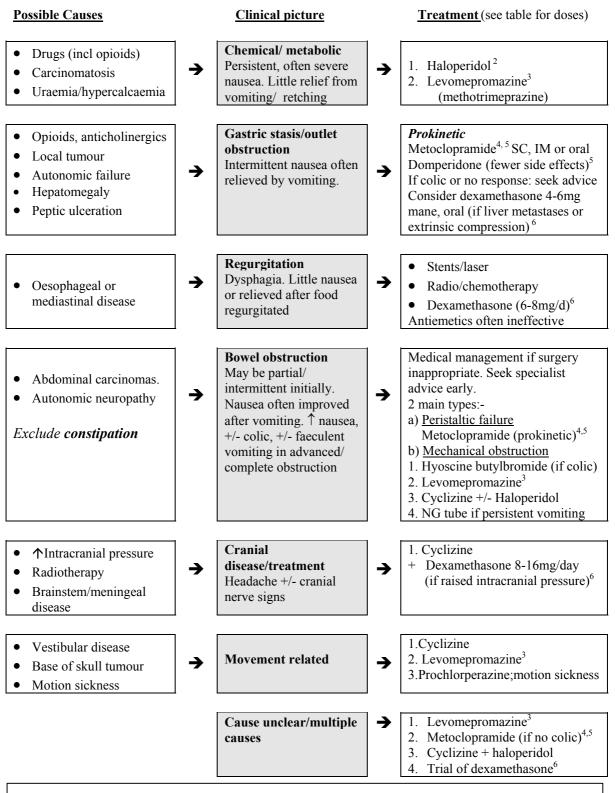
Lothian Palliative Care Guidelines

Nausea / Vomiting in Palliative Care

- Treat reversible causes if possible and appropriate eg.
 - * drugs * hypercalcaemia * constipation * cough
- * anxiety * gastric irritation
- Remember unrelated causes, eg gastroenteritis
- Prescribe the same antiemetic *regularly* and *prn* REVIEW every 24 hours
- If patient is vomiting or if oral absorption is in doubt \rightarrow use the subcutaneous route (s/driver) or rectal route



If chemotherapy/ radiotherapy induced \rightarrow seek specialist advice

NB 5HT₃ antagonists (eg ondansetron) are of proven value in chemotherapy / radiotherapy induced nausea and vomiting but otherwise are not recommended. Constipating.

Prescribing notes

- 1. Long term antiemetic use should be reviewed regularly. Stop if the underlying cause has resolved
- 2. Haloperidol may cause extrapyramidal side effects (eg. hypokinesia, tremor) at higher doses or if use is prolonged.
- 3. Levomepromazine (methotrimeprazine) is a potent, broad-spectrum antiemetic. Use low doses to avoid sedation and hypotension. A 6mg, scored tablet is available on a named patient basis or pharmacy can prepare a suspension. (see guideline on obtaining oral levomepromazine) SC dose is half the oral dose.
- 4. Metoclopramide may cause extrapyramidal side effects (eg. tremor) with prolonged use. Caution in patients under 20 years.
- 5. Prokinetic action is **blocked** by anticholinergics eg.cyclizine, buscopan, amitriptyline.
- 6. Corticosteroids are best given before 2pm. Review and reduce to lowest effective dose. Withdraw once ineffective. Dexamethasone 1mg is approximately equivalent to prednisolone 7mg

Drug doses	6 11		6
Drug	Oral dose (PR dose)	Stat dose / prn dose	Subcutaneous syringe driver/24hrs
Cyclizine	50mg, 8 hourly	50mg, oral/ IM	50-150mg
Domperidone	10-20mg, 6-8 hourly (30-60mg, 4-8 hourly, PR)	-	-
Haloperidol	1.5mg, bd or 3mg, nocte	1.5mg, oral 1.25-2.5mg, SC	2.5-5mg
Levomepromazine	3-6mg, bd or nocte	3mg, oral 2.5-6.25mg, SC	6.25-25mg
Metoclopramide	10-20mg, 6-8hourly	10mg, oral or IM	30-80mg
Hyoscine butylbromide	20mg, 6 hourly	20mg, SC	20-100mg
(Buscopan) Hyoscine hydrobromide	skin patch,1mg/72hours, 150-300 micrograms 8-12hourly, oral	400 micrograms, SC	0.4-1.2mg

Other drugs, drug doses and combinations are used occasionally by palliative care specialists whose instructions should be clearly documented in the patient's notes. If there are any concerns about the

regimen, advice should be sought from a specialist palliative care pharmacist or specialist medical staff.

Drug actions - main receptor sites						
Drug	D ₂ antagonist	H ₁ antagonist	Ach antagonist	5HT ₂ antagonist	5HT4 agonist	
Metoclopramide	++				++	
Domperidone	++					
Cyclizine		++	++			
Hyoscine			+++			
Haloperidol	+++					
Levomepromazine	++	+++	++	+++		
D C						

References

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