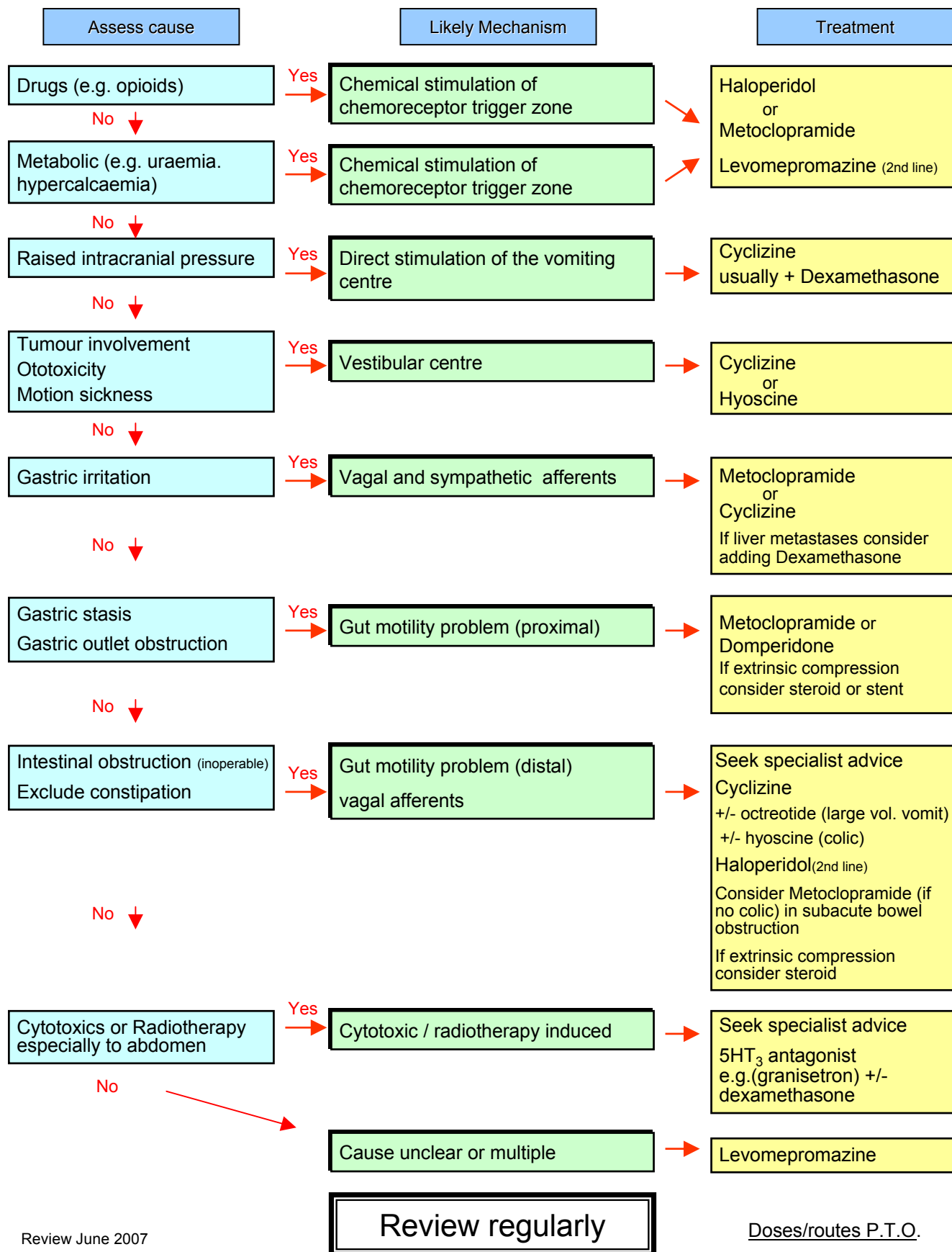


Palliation of Nausea and Vomiting

Assessment

Accurate diagnosis of the aetiology is important. Reverse cause if possible including review of medication. Anti-emetic selection is based on likely cause and likely mechanism.



Palliation of Nausea and Vomiting

Drug <i>Receptor</i>	Oral Route	Range/24hr	Subcutaneous bolus	Subcutaneous Via Syringe Driver	Other Formulations/ comments
Cyclizine <i>H₁ (and muscarinic)</i>	50mg	100-150mg	50 mg – 8 hourly	100-150 mg / 24hours	Suppository 25, 50, 75mg
Dexamethasone	8mg	8-16mg	8mg bd		
Domperidone <i>D₂</i>	10-20mg	40-80mg			Suppository 30-60mg qds
Haloperidol <i>D₂</i>	1.5-3mg	5-15mg	2.5mg	2.5-20mg / 24 hours	
Hyoscine hydrobromide <i>muscarinic</i>	300micrograms	300-900 micrograms (sublingual route)	300-600 micrograms – 6 hourly	0.6-2.4mg / 24 hours	Sublingual (Kwells) Transdermal patch Subcutaneous
Levomepromazine <i>D₂ (and 5HT₂ and muscarinic, H₁)</i>	6 -12.5mg bd (* see below)	6-50mg	6.25mg	6.25 -50mg over 24hours	Sedating especially at higher doses
Metoclopramide <i>D₂ (and 5HT₃, 5HT₄)</i>	10mg qds	40-120mg	10mg 6 hourly	40-120mg / 24 hours	
Octreotide <i>Anterior pituitary hormone analogue</i>			100-200 micrograms – 8 hourly	300-600 micrograms over 24 hours	For bowe tion
Ondansetron & granisetron <i>5HT₃</i>	4-8mg bd 1-2mg od	8-16mg 1-2mg	4-8mgs	Single daily dose	Usually reserved for emetogenic chemotherapy

- Prescribe regularly and PRN
- If continuous nausea OR oral medications failed at 24 hours OR vomiting greater than 3 episodes in 24 hours, convert to subcutaneous administration
- If still poor control – review cause, optimise daily drug dose, consider second line antiemetic, seek specialist advice

◇ Unlicensed use/ dose/ route. **Reference** ; Palliative Care Formulary 2, Radcliffe Medical Press Ltd. 2002

* 6mg Levomepromazine tablets available on named patient basis - discuss with pharmacist