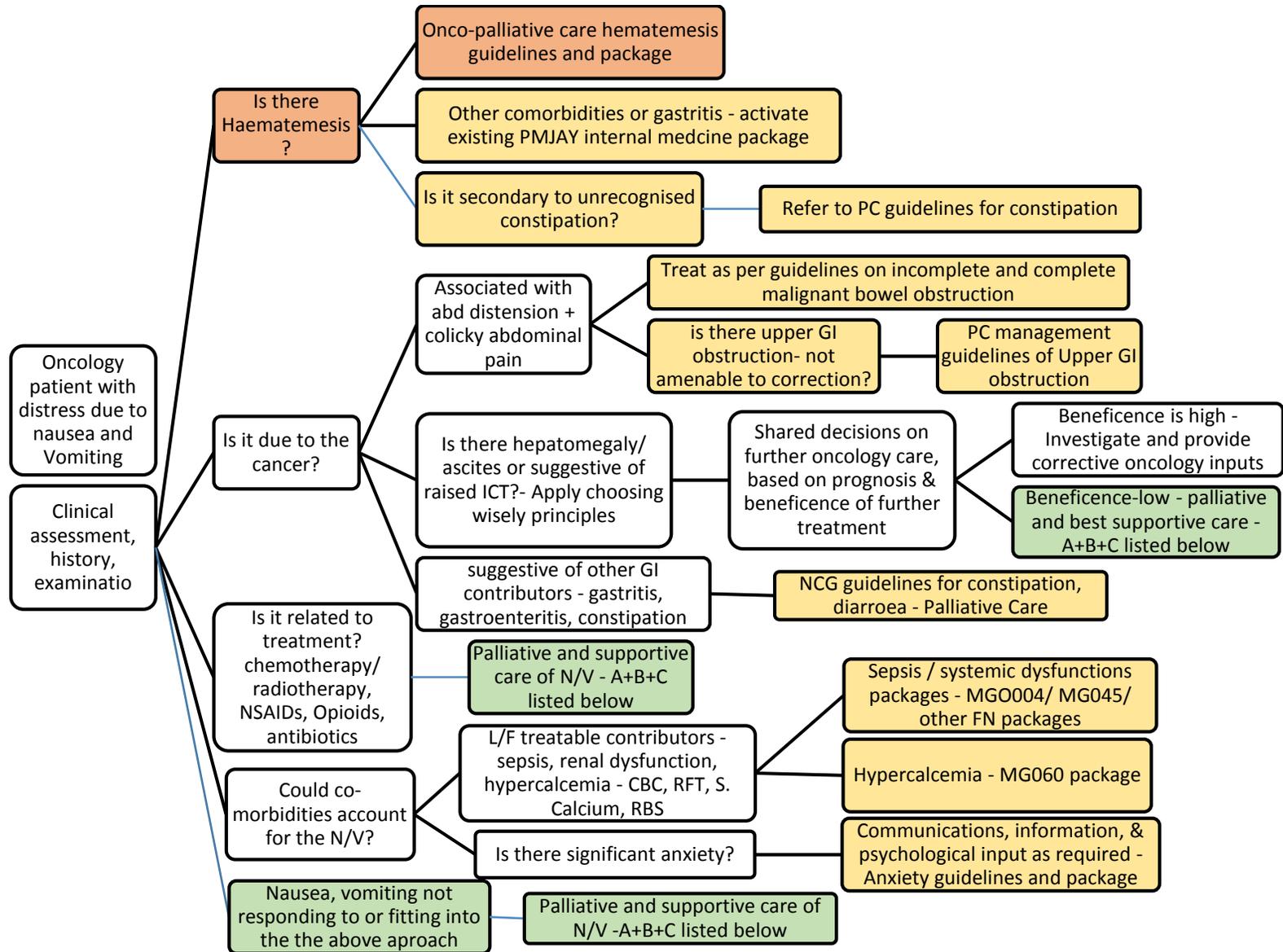


**NCG Palliative care guidelines - Nausea & Vomiting**



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Grading Nausea & Vomiting (CTCAE4.03)

	<b>Grade 1</b>	<b>Grade 2</b>	<b>Grade 3</b>	<b>Grade 4</b>
<b>Nausea</b>	Loss of appetite without alteration in eating habits	Oral intake decreased without significant weight loss, dehydration or malnutrition	Inadequate oral caloric or fluid intake; tube feeding, TPN, or hospitalization indicated	
<b>Vomiting</b>	1 - 2 episodes (separated by 5 minutes) in 24 Hrs	3 - 5 episodes (separated by 5 minutes) in 24 hrs	>=6 episodes (separated by 5 minutes) in 24 hrs; tube feeding, TPN or hospitalization indicated	Life-threatening consequences; urgent intervention indicated

<b>Drugs (A) - Antiemetic of choice</b>		
<b>Drug induced:</b> Haloperidol 1.5-2.5mg bd Metoclopramide 10mg tid	<b>Radiotherapy/chemotherapy:</b> Ondansetron - 8mg tid Granisetron - 3mg od NK1 antagonist-Aprepitant/Fosaprepitant Dexamethasone 4-8mg OD/BD Metoclopramide - 10mg tid Olanzapine - 5-10 mg OD	<b>Metabolic-uremia/hypercalcemia:</b> Haloperidol 1.5-5mg/24hrs
<b>Gastric stasis(due to hepatomegaly/ascites):</b> Metoclopramide 10mg TID Domperidone 10mg TID	<b>Gastritis:</b> Omeprazole 20mg OD/IV Pantoprazole 40mg OD/IV Ranitidine 150 BD or 50 mg IV BD	<b>Raised ICT:</b> Dexamethasone 16-24 mg/24 Hrs

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<p><b>Vestibular apparatus related:</b> Cinnarizine 25-50mg TID</p>	<p><b>Anxiety:</b> Lorazepam 1mg/2 mg as needed</p>	<p><b>Fluids:</b> Oral/IV/SC fluids Normal Saline, DNS. RL, Dextrose as indicated</p>
<p><b><u>Supportive care (B)</u></b></p>		
<p><b><u>Education/communication:</u></b> Explanation regarding the likely cause of vomiting, avoiding force feeding by relatives. Avoid sight and smell of food as much as possible. Regular small palatable portions rather than large meals Avoid other triggers (malodour from malignant wound, ulcers, stoma)</p>	<p><b><u>MDT referrals:</u></b> Diet-special diet, non-spicy bland food, in small amounts, in soft/liquid consistency. Psycho-oncology referral – Advice on behavioural modifications/exercises to reduce anxiety related emesis/anticipatory vomiting</p>	
<p><b><u>Procedures (C)</u></b></p>		
<p>Nursing procedures: Regular mouth care Constipation management Ascitic tapping Day care will be required-aspirating ascitic fluid using 18 gauge needle connected with an IV set down into a bottle. Drug administration-Intravenous Injection or infusion/Subcutaneous injection</p>		