

CMG 41 – NAUSEA AND VOMITING

(Revised: November 2015)



Not all nausea and/or vomiting requires treatment. The risk/benefit of antiemetic therapy should be considered for each patient.
If the patient has moderate to severe symptoms, an antiemetic may provide some relief.

<p>GASTROINTESTINAL TRACT receptors: dopamine, serotonin e.g. reduced gastric motility, constipation, obstruction</p> <p>BEST DRUG: ondansetron</p>	<p>CHEMORECEPTOR TRIGGER ZONE receptors: dopamine, serotonin medications (e.g. opioids, chemotherapy, anaesthetic), biochemical disorders (e.g. uraemia), circulating toxins (e.g. tumour necrosis factor)</p> <p>BEST DRUG: ondansetron</p>	<p>VESTIBULAR SYSTEM receptors: dopamine, histamine, acetylcholine e.g. motion and positional (labyrinthitis, Meniere's disease, motion, etc)</p> <p>BEST DRUG: prochlorperazine</p>	<p>PSYCHOLOGICAL MECHANISMS e.g. pain, anxiety, anticipatory nausea</p> <p>MEDICATION UNLIKELY TO BE EFFECTIVE</p>	<p>INTRACRANIAL CAUSES e.g. raised intracranial pressure</p> <p>MEDICATION UNLIKELY TO BE EFFECTIVE</p>
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ICP	Assess the underlying cause of the nausea, and correct if possible (note that vomiting can be associated with serious illness – assess the patient thoroughly)	AP
ICP	Consider non-pharmacological strategies to prevent or relieve nausea (e.g. reassurance, oxygen administration, loosen tight clothing around abdomen, etc.)	AP
ICP	Antiemetics are most effective if given early (medication choice based on cause of nausea)	AP
ICP	If in pain, ensure adequate analgesia is given	AP
ICP	Consider IV fluids (as per CMG 14)	AP
ICP	NAUSEA IN PREGNANCY: the focus on nausea management in pregnant patients should be IV fluid replacement. Prochlorperazine is strictly CONTRAINDICATED (category C). Ondansetron may be given in exceptional circumstances, but is not recommended (category B1).	AP