NAUSEA & VOMITING

(In end of life patients unable to take oral medication)

Patient HAS NAUSEA/VOMITING

First assess for cause of nausea/vomiting to guide choice of treatment.

KNOWN cause

Use back pages of blue booklet or local palliative care guidelines to aid choice of antiemetic based upon likely cause. Prescribe "when required" doses of suitable SC antiemetic as per guidelines.
Give a STAT dose to the patient.

If symptoms persist:
Add together the number of "when required" doses given and give this via 24hour SC syringe pump. Consider increasing the dose in the pump up to the recommended maximum.

Consider additional or alternative antiemetic if limited benefit from initial choice of antiemetic. Seek specialist advice as needed.

UNKNOWN cause

Prescribe "when required" dose
5mg-12.5mg levomepromazine SC 4 hourly (max 25mg/24hours)

Give a STAT dose to the patient.

If symptoms persist:
Add together the number of "when required" dose given and give this via 24hour SC syringe pump. Consider increasing the dose up to a maximum of 25mg levomepromazine via 24hour SC syringe pump.

Patient does NOT have NAUSEA/VOMITING

Prescribe anticipatory "when required" dose
Prescribe 5mg-12.5mg SC levomepromazine 4hourly "when required" (max 25mg/24hours)

IF NAUSEA AND VOMITING IS STILL A PROBLEM AT MAXIMUM DOSE, SEEK SPECIALIST ADVICE