



"Pearls" - Nausea in Palliative Medicine

November 2004

1) Recognize: Nausea commonly exists without vomiting. Ask about appetite, response to the smell of food cooking, early satiation when eating. Nausea can interfere significantly with the joy of living and is important to recognize and treat. Nausea is so common with opiates that while vomiting may not be present, the attention to this detail can have a positive effect on quality of life.

2) Prevent the two most common causes of nausea from opiate initiation

- a) constipation: see Pearls Nov 2003
- b) gastroparesis: add a prokinetic agent (see following chart)

3) Assess : Why does this patient have nausea now?

11 M's and a P

Medications: digitalis, iron preparations, antibiotics, SSRI's, chemotherapy induced immediate or delayed, NSAID's, ASA, opiates

Mucosal Irritation: radiotherapy of abdomen, gastritis, gastric/duodenal ulcer

Motility: gastroparesis (**opioids**), dysmotility syndromes from extensive intra-abdominal metastases.

Mechanical: bowel obstruction, **constipation**

Metabolic: hypercalcemia, uremia, liver failure, renal failure

Meningeal Irritation

Movement Related: inner ear, cerebellar involvement

Metastases: intracranial (raised intracranial pressure), abdominal (dysmotility)

Microbes: infections

Mental: anxiety, anticipatory nausea

Myocardial: silent MI's

Pain

4) Correct Reversible Causes

5) Utilize Non-Drug Interventions at the same time as other maneuvers as appropriate
see **Windsor and Essex County Care Management Tools**

6) Utilize Medications see next page

7) Reassess and modify until nausea is controlled

8) If not improving, reconsider? Have you got the correct cause?

Most commonly used anti-emetics in Palliative Medicine

drug	dosage forms	OD B	common dosage	comments
prokinetics				contraindicated in complete bowel obstruction
metoclopramide (Maxeran ®)	10 mg tabs	yes	10-20 mg qid po	in some sensitive persons, causes extrapyramidal symptoms as can prochlorperazine (Stemetil®) so caution when used together
	5 mg/ml injectable	no	10-20 mg IV q4h	
	5 mg/ml CSCI	yes	60 - 120 mg IV/sc/24 hrs	
domperidone (Motilium ®)	10 mg tabs	yes	10 - 20 mg qid po	does not cross BBB; does not cause sedation nor extrapyramidal symptoms. safe with prochlorperazine.
Chemoreceptor trigger zone, D2 receptor antagonist				
haloperidol (Haldol ®)	5 mg/ml injectable, 0.5,1,2,5 mg tabs	yes	0.5 - 2.5 mg po/sc bid	
steroid				
dexamethasone (Decadron ®)	0.5, 0.75,4 mg tabs 4 mg/ml injectable	yes	2-8 mg po/sc od	added to other medications for resistant nausea. mainstay for raised ICP, or severe liver involvement.
broad-spectrum				
methotrimeprazine (Nozinan ®)	2, 5, 25 mg tabs 25 mg/5 ml oral liquid 25 mg/ml injectable	yes	2.5 - 10 mg po/sc qhs	excellent anti-emetic working at several receptors. Is sedating. substitute for other anti-emetics rather than adding in.

This is not meant to be an exhaustive reference but rather a simplified approach to nausea.

Notes

Prochlorperazine (Stemetil ®) is commonly used as an anti-emetic in oncology. It may be given po/IM/IV/pr. It cannot be given sc.

Some persons are sensitive to the extrapyramidal side effects; these persons may feel jittery, complain of restless legs. These same persons may be sensitive to the extrapyramidal side effects of metoclopramide. We tend not to use these two drugs together. Domperidone does not share this profile.

Please note that dimenhydrinate (Gravol ®) has only a minor indication in palliative medicine: when persons complain of motion sickness nausea not relieved by other medications.

In summary:

Always, always, always watch the bowel and ensure a good bowel protocol is in place and is effective.

The commonest protocol for control of nausea in palliative medicine is either a prokinetic (domperidone or metoclopramide) or haloperidol alone or in combination. 75% of prescriptions for nausea in palliative medicine are written for these medications.
(www.palliativedrugs.com)

A common medication profile with an opiate would be as follows:

domperidone 10 mg, 2 tabs (20 mg) qid to prevent/control nausea
haloperidol 0.5 mg, 1 tab (0.5 mg) bid to prevent/control nausea
lactulose 25 - 30 ml od - bid in juice to prevent constipation
bisacodyl 1-2 tabs od - bid to stimulate bowel movement to prevent constipation.

Further reading

www.palliativedrugs.com

www.albertapalliative.net

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