Management of NAUSEA and/or VOMITING in the last days of life – ADULT

Assess patient in the last days of life at least every 4 hours: to allow existing and emerging symptoms to be detected, assessed and treated effectively Assess symptoms and if nausea and/or vomiting present: instigate non-pharmacological measures (e.g. mouthcare; sips of water and ice chips; tissues and vomit bag, etc.), give PRN antiemetic as below and assess effectiveness

Patient has NOT been on a regular antiemetic (not on regular in the last 7 days)

Patient is symptom controlled

Pre-emptively prescribe PRN subcut antiemetic

First Line
METOCLOPRAMIDE* 10mg
subcut 8 hourly PRN

max PRN dose in 24hrs = 30mg (3 PRN doses)

OR Second

Line

HALOPERIDOL 1 mg subcut 4 hourly PRN

max PRN dose in 24hrs = 3mg (3 PRN doses)

Assess response and initiate further intervention if symptoms remain uncontrolled

Review symptom control at least daily

If 3 or more effective PRN doses required in previous 24 hours, prescribe regular antiemetic

CAUTIONS & CONTRINDICATIONS

*METOCLOPRAMIDE

- · Caution with abdominal colic
- Do not use in bowel obstruction

HALOPERIDOL

- Do not use in Parkinson's Disease or Lewy Body Dementia
 Watch for extrapyramidal side effects (repetitive and
 - involuntary movements, abnormal restlessness and parkinsonism including tremor, rigidity, bradykinesia)

Refer to prescribing guide and accompanying supporting information for further prescribing information on METOCLOPRAMIDE & HALOPERIDOL including maximum dosing and contra-indications

Patient is symptomatic of nausea and/or vomiting

Prescribe regular subcut antiemetic FITHER

METOCLOPRAMIDE* 10mg subcut regularly 8 hourly

OR

METOCLOPRAMIDE* 30mg subcut in 24hr syringe driver

IF METOCLOPRAMIDE CONTRAINDICATED, PRESCRIBE HALOPERIDOL AS ALTERNATIVE SUBCUT ANTIEMETIC

Also prescribe
PRN subcut antiemetic

HALOPERIDOL 1mg subcut 4 hourly PRN

max PRN dose in 24hrs = 3mg (3 PRN doses)

Assess response and initiate further intervention if symptoms remain uncontrolled

Review symptom control at least daily

If 3 or more effective PRN doses required in previous 24 hours, switch regular antiemetic from METOCLOPRAMIDE to HALOPERIDOL IF METOCLOPRAMIDE
CONTRAINDICATED OR INEFFECTIVE

Prescribe alterative regular subcut antiemetic

EITHER

HALOPERIDOL 1mg subcut regularly 12 hourly

HALOPERIDOL 2mg subcut in 24 hr syringe driver

Also prescribe

HALOPERIDOL 1mg subcut 4 hourly PRN

max PRN dose in 24hrs = 3mg (3 PRN doses)

Assess response and initiate further intervention if symptoms remain uncontrolled

Review symptom control at least daily

If 3 or more effective PRN doses required in previous 24 hours, Increase dose of regular HALOPERIDOL By 1mg a day, to maximum of 5mg/24hrs

Patient HAS been on a regular antiemetic (regular antiemetic use during the last 7 days)

Prescribe regular subcut antiemetic

Convert oral antiemetic to same subcut antiemetic

METOCLOPRAMIDE* OR HALOPERIDOL

EITHER EITHER

10mg subcut regularly 8 hourly 1mg subcut regularly 12 hourly

OR OR

30mg subcut in 24 hr syringe driver

2mg subcut in 24 hr syringe driver

OR

Seek advice from local Specialist Palliative Care Team if on alternative oral antiemetic and/or if symptoms uncontrolled

Also prescribe PRN subcut antiemetic
HALOPERIDOL 1mg subcut 4 hourly PRN
max PRN dose in 24hrs = 3mg

(3 PRN doses)

Assess response and initiate further intervention if symptoms remain uncontrolled

Review symptom control at least daily, or more often if symptoms uncontrolled

If 3 or more effective PRN doses required in previous 24 hours:

If on regular METOCLOPRAMIDE – switch METOCLOPRAMIDE to regular HALOPERIDOL.

If on regular HALOPERIDOL – increase dose of by 1mg a day, to maximum of 5mg/24hrs

If symptoms remain uncontrolled or alterative antiemetic required, seek further advice from local Specialist Palliative Care Team





