MANAGEMENT OF NAUSEA AND VOMITING

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Aim

• To increase knowledge and confidence in the causes and treatment of nausea and vomiting in palliative care patients.
Learning outcomes

• Define the difference between nausea and vomiting

• What causes nausea and vomiting?
Learning Outcomes

• Appreciate the issues that can arise for the patient, family and professional carer living with or managing nausea and vomiting.
Learning Outcomes

• Understand the different approaches to the management of nausea and vomiting and the rationale for anti-emetic use.
Why is it Important?

• A common and debilitating symptom
• Ranked a highly distressing symptom, often more so than pain or breathlessness
• Affects up to 70% of patients with advanced cancer
Why is it Important?

- Many mechanisms, patterns and treatments
- A good understanding is important to guide best effective treatment
Definitions

- Nausea: an unpleasant feeling of the need to vomit accompanied by autonomic symptoms (pallor, cold sweat, salivation, tachycardia, diarrhoea)
Definitions

• Vomiting : the forceful propulsion of gastric contents through the mouth.
Definitions

• Retching: rhythmic laboured spasmodic movements of the diaphragm and abdominal muscles (usually occurs with nausea and results in vomiting—but not always)
Definitions

• Regurgitation: Effortless expulsion of foodstuffs - e.g. Oesophageal obstruction
What is it?

• A primitive defence mechanism against ingested toxins
What is it?

- Controlled by integrated vomiting centre in medulla
- Stimulated by input from various pathways
Causes of nausea and vomiting

• Group discussion
Causes

- Drugs
- Radiotherapy
- Biochemical
- Gastric stasis
- Bowel obstruction
- Constipation
- Raised intracranial pressure
- Cerebellar metastases
- Anxiety
- Hiatus hernia
- Gastritis
- Gastroenteritis
- Vestibular disturbance
- Cough
- Pharyngeal irritation
Causes of nausea and vomiting

- Pain
- Psychological
- Brain mets
- Raised ICP
- Drugs - opioids, digoxin, chemo
- Renal failure
- Raised Ca²⁺
- Whole brain radiotherapy
- Vertigo / vestibular disorders
- L1 RT, bowel distension

HOSPICE IN THE WEALD

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Treatment of nausea and vomiting

• Group discussion
Treatment of nausea and vomiting

• Treat reversible causes
Non Pharmacological Measures

• Avoid eating or preparing food when feel sick
• Avoid fried foods or foods with strong smell
• Small meals
• Eat little and often
• Chew food well
• Sip drinks slowly
• Eat cold/warm food
Non pharmacological measures

- Fresh air
- Control malodour e.g. fungating wound or colostomy
- Good oral hygiene
- Avoidance of emetogenic smells and foods
- Suitable distractions
- Relaxation
- Complementary therapy-acubands
- Ginger
- Peppermint
- Calm environment
Drug treatment

- Metoclopramide - prokinetic action
- Domperidone
Drug treatment

• Haloperidol - acting principally in chemoreceptor trigger zone
Drug treatment

• Levomepromazine – broad spectrum anti-emetic
Drug treatment

• Cyclizine - acting principally in the vomiting centre
Other useful drugs

- Hyoscine butylbromide (Buscopan)
- Dexamethasone
- Octreotide
- Ondansetron
- Antacids/PPIs
- Laxatives
- Sedation/anxiolytics
Common anti-emetic side effects

• Metoclopramide/Domperidone-colic
• Haloperidol/Metoclopramide/Levo-EPSE
• Levomepromazine-sedation
• Ondansetron-constipation
• Cyclizine-tachycardia, risk for patients with heart failure
Anti-emetic use

• Optimise non-pharmacological measures
Anti-emetic use

• Give the most suitable drug by the most suitable route
Anti-emetic use

• Titrate drug to its maximum dose before changing or adding another drug.
Anti-emetic use

• Review at least every 24 hours
Impact on family and professional carers

• Group discussion
Nausea and Vomiting

Questions?