Nausea and Vomiting Management Algorithm

Hyperlinks indicate additional information available in guideline sections above:
A = Assessment
M = Management

Ongoing Comprehensive Assessment

- History
- Physical examination
- Appropriate investigations (bloodwork and investigations as required) (**A3**)

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Patient and Family Education

- Non-pharmacological measures e.g., environmental modification (consider smells, noise, etc.); good oral hygiene; acupressure; fizzy drinks; visualization, distraction, relaxation
- Consultation with a registered dietitian at www.healthlinkbc.ca/dietitian/
- General supportive measures, e.g., food modification, restricted intake, sips, cool and bland food, avoiding lying flat after eating

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Treat Underlying Causes (A4)

e.g., hypercalcemia, urosepsis, constipation, uremia, increased intracranial pressure, bowel obstruction, dehydration, medication adverse effects

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Treat Disease-specific Issues

i.e., match medications to etiology (**M2+3**)

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Gastroenterological

Distension or lumen compression:
- metoclopramide
- domperidone
- methotrimeprazine

Obstruction
- haloperidol
- octreotide

Opioid-induced
- metoclopramide
- domperidone
- methylnaltrexone

Other vagal stimuli:
- methotrimeprazine
- olanzapine
- prochlorperazine
- ondansetron

Chemical (drugs/toxins)
- aprepitant
- haloperidol
- prochlorperazine
- methotrimeprazine
- ondansetron
- olanzapine
- granisetron

Vestibular & motion-related
- dimenhydrinate
- scopolamine

Central nervous system

Emotional/anxiety:
- lorazepam
- nabilone/sativex™

Increased ICP:
- dexamethasone
- dimenhydrinate

Cause unknown
- haloperidol
- methotrimeprazine
- metoclopramide
- olanzapine
- cannabinoids (nabilone/ nabiximols/ medicinal cannabis)

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Re-evaluate Drug Effect

- Consider increasing dose, trying another drug from the same class, or adding another class of drug.
- Re-evaluate patient's status and hydration.