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)

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

Treat Underlying Causes (A4)
e.g., hypercalcemia, urosepsis, constipation, uremia, increased intracranial pressure, bowel obstruction, dehydration, medication adverse effects

Treat Disease-specific Issues
i.e., match medications to etiology (M2+3)

Gastroenterological Distension or lumen compression:
- metoclopramide
- domperidone
- methotrimeprazine

Obstruction
- haloperidol
- octreotide

Opioid-induced
- metoclopramide
- domperidone
- methynaltrexone

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)

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.