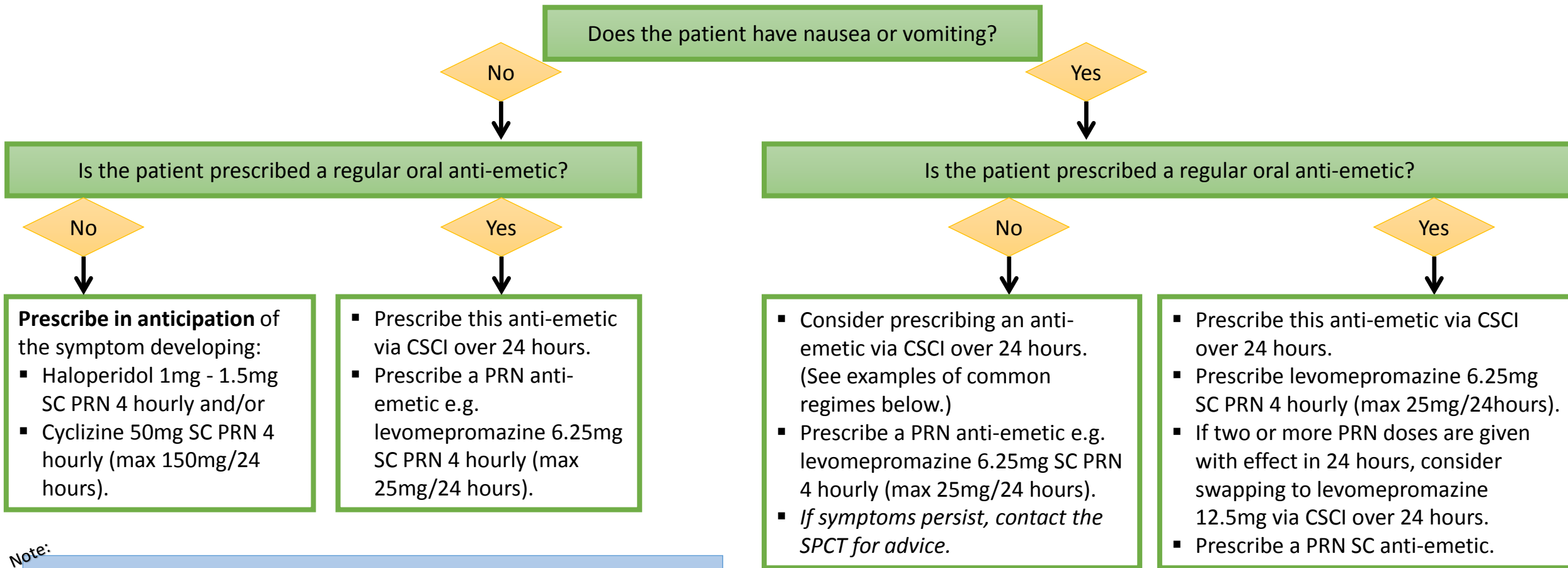


# The management of nausea and vomiting in the last days of life



Note:

Considering the **likely cause** of nausea/vomiting to help decide the most appropriate 1<sup>st</sup> line anti-emetic:

- Toxic/ biochemical causes (e.g. renal failure, opioids, hypercalcaemia) – **haloperidol**
- Vestibular causes/ raised intracranial pressure – **cyclizine**
- Gastric stasis/ functional bowel obstruction – **metoclopramide**
- In **Parkinson's disease**, consider Ondansetron first line (see page 8 of 8)

**Levomepromazine** is a broad spectrum anti-emetic and is often used second or third line.

Note:

Examples of common anti-emetic regimens for nausea/vomiting in the last days of life:

- Haloperidol via CSCI over 24 hours, Cyclizine or Levomepromazine PRN
- Cyclizine (+/- Haloperidol) via CSCI over 24 hours, Levomepromazine PRN
- Metoclopramide via CSCI over 24 hours, Levomepromazine PRN
- Levomepromazine via CSCI over 24 hours, Levomepromazine and/or Ondansetron PRN

**Do not use Cyclizine and Metoclopramide together**, as they counter-act each other.