

## **Nausea and Vomiting**

### **Principles of treatment:**

- 1) Establish etiology drugs, pain, constipation, obstruction, esophageal lesion, or infection, hepatic failure, azotemia, increased intracranial pressure (ICP), peptic ulcer, or psychogenic causes.
- 2) Stop as many medications as possible.
- 3) If related to a particular medication, substitute when possible; if not, an antiemetic should be given with each dose.
- 4) Brain tumors will frequently respond to steroid therapy, but not indefinitely.
- 5) Nausea and vomiting may be a conditioned response, and have a high anxiety component.
- 6) Anti-emetics should be given immediately to give relief while determining the etiology.
- 7) If palliation is the intention of treatment, ensure “symptoms are palliated”
- 8) Anticipate events likely to cause N & V: if possible prevent or treat prophylactically
- 9) Review antiemetic regime frequently for cost-effectiveness and appropriateness
- 10) Give a treatment regime a fair trial
- 11) Opioid induced N & V:
  - Usually diminishes after 3-4 days
  - Usually responsive to prochlorperazine
  - Not responsive to 5HT3 antagonists
  - Opioid induced N & V is not an allergic phenomenon

### **Comfort Measures:**

- 1) Assessing patient for relation of nausea to particular medications, or other significant patterns
- 2) Allow patient to self regulate intake
- 3) Remove strong or repulsive odors
- 4) Offer small frequent meals and especially cold foods with few odors
- 5) Provide restful environment
- 6) Ascertain and manage anxiety

