Anti-emetic flowchart for the management of chemotherapy and/or radiotherapy induced nausea and vomiting in ADULTS

N.B. DO NOT add Dexamethasone for Haematology patients **

Patients present to A&E with nausea & vomiting
Ask if patient is on chemotherapy and/or radiotherapy
N.B. All patients within 6 weeks of chemotherapy are at risk of neutropenic fever and sepsis.
If present this should be managed according to local guidelines.

Investigations:
- Check FBC, U&Es, calcium.
- Observations: temperature, pulse, blood pressure, respiration rate, oxygen saturation, early warning score.
- Check for allergies.
- Contact: Acute Oncology/Haematology Team as appropriate.

Mild nausea:
- 1 episode of vomiting in 24 hours

Is the patient on Metoclopramide?

Yes
- Stop Metoclopramide and start Cyclizine 50mg TDS PO

No
- Start Metoclopramide 10mg TDS PO

Review after 24 hours.

If poor response add Dexamethasone 8mg** OD PO

Good response and tolerating oral fluids and drugs. If decision to discharge patient please ensure given oral anti-emetics to take home.

Moderate to severe nausea & vomiting:
- Unable to eat & drink

Chemotherapy given less 24 hours ago
- Acute emesis

Give stat then IV 5-HT3 antagonists (e.g., IV Ondanseron 8mg)
- IV Dexamethasone 8mg**
  (check how much steroid already given)

Start IV hydration if necessary

Review after 1 hour

Poor response
- Good response and tolerating oral fluids and drugs. If decision to discharge patient please ensure given oral anti-emetics to take home.

Chemotherapy given more than 24 hours ago
- Delayed emesis

Give stat IV Cyclizine 50mg
- IV Dexamethasone 8mg**
  (check how much steroid already given)

Start IV hydration if necessary

Review after 1 hour

Other factors to consider:
- Check calcium levels—hypercalcaemia can cause nausea and vomiting
- Rule out abdominal pathology
- Consider raised intracranial pressure can cause nausea and vomiting

Monitor FBC, U&Es and give IV fluid and electrolytes replacement as required
- Fluid balance records, daily weight and 4 hourly observations

Continue to link with Oncology/Haematology Team for further management advice

Syringe driver 150mg Cyclizine 24 hourly (start 6 hours post IV dose)
- Plus oral Dexamethasone 8mg** OD PO if tolerated
  (if not give IV)
- Plus Haloperidol 1.0mg subcut PRN

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