

## NAUSEA AND/OR VOMITING AT THE END OF LIFE

## Important Note: This guidance applies to End of Life ONLY

Effective palliation of nausea and vomiting earlier in the illness requires a cause specific approach.

Patients entering the terminal phase with **Good Symptom Control** from an oral anti-emetic should continue the same drug given via a syringe pump when they are unable to take oral medication.

<u>Domperidone</u> should be replaced by <u>Metoclopramide</u> and <u>Prochlorperazine</u> (Stemetil) by <u>Cyclizine</u>

For new symptoms of Nausea/Vomiting, which are difficult to control: Levomepromazine (Nozinan) is recommended because of its broad spectrum of action.

## Patient has no nausea/vomiting or is Patient has new or uncontrolled controlled on current medication nausea/vomiting Prescribe Levomepromazine 6.25mg sub-Give Levomepromazine 6.25mg sub –cut stat cut as needed, in case nausea/vomiting (a once daily dose may be sufficient because becomes a problem in the terminal phase. of the long half-life). Dose may be repeated after 1 hour. Also prescribe 6.25mg sub-cut as needed. Dose may be repeated after 1 hour If repeat dose, needed initiate syringe pump If 2 or more doses are needed in 24hrs start syringe pump with Levomepromazine 12.5mg/24hrs In some settings e.g. community it may be Continue Levomepromazine 6.25mg sub-cut appropriate to give a stat dose of as needed, leaving 1 hour between doses. Levomepromazine sub-cut AND start a syringe (MAX 4 doses) pump with Levomepromazine at the same time If 1 or more extra doses needed in 24hrs increase syringe pump to 25mg/24hrs Levomepromazine Syringe Pump If Nausea or Vomiting are not controlled Start at 6.25mg - 12.5mg/24hrs adequately, at any stage, contact The Palliative Care Team for advice

Levomepromazine doses above 25mg/24hrs have a sedative effect

If symptoms persist or you need help contact the Palliative Care Team or Severn Hospice Tel: 01743 236 565