

**PALLIATIVE CARE TIPS - Anna W. Taube, MD, Capital Health Regional Palliative Care Program, Grey Nuns Community Hospital - Issue #5 (Collect them all) (July 2005)**

**CANCER NAUSEA AND VOMITING: Nausea (often multi factorial) occurs in >60% of patients  
Vomiting in some 30%**

**ETIOLOGIES: (\*COMMONEST)**

1. **GI:** a) \*constipation/obstipation  
b) \*gastric stasis (opioid, cancer anorexia-cachexia syndrome (known to cause autonomic nervous system dysfunction), hepatomegaly, ascites, abdominal tumor masses)  
c) \*complete/partial obstruction (esophagus (may be intrinsic or extrinsic); upper/lower bowel (usu. extrinsic))  
d) gastritis/duodenitis/ulcer disease (NSAID, alcohol, Helicobacter p.)  
e) oro-naso-/pharyngeal disease (poor hygiene, H&N fungating tumors, oropharyngeal/esophageal Candida)
2. **Metabolic:** \*hypercalcemia; uremia
3. **\*Drugs:** (either Chemoreceptor Trigger Zone (CTZ) stimulation or GI irritation): opioids; NSAID's; digoxin; antibiotics
4. **CNS:** \*metastases (increased ICP): vestibular pathology
5. **Radiation:** to abdomen, pelvis or brain
6. **Chemotherapy:** esp. Cisplatin, Cyclophosphamide, Doxorubicin, Dacarbazine
7. **Psychogenic:** food odors, etc.

**MANAGEMENT: COMMONEST ETIOLOGIES**

**GENERAL:**

1. If possible: i) Treat underlying cause if patients overall condition warrants (eg. hypercalcemia)  
ii) Stop/decrease/change offending drugs (or other triggers)  
iii) Avoid sedating drugs (eg. dimenhydrinate, prochlorperazine)
2. **SC route for meds/hydration (avoid IM/IV if possible)** if N/V significantly interfering with po route

**SPECIFIC:**

**A) Constipation/Obstipation:** See Issue #3 (**COMMON AND VERY IMPORTANT CAUSE**)

- B) Gastric stasis:**
- i) regardless of etiology, **metoclopramide** is drug of choice (dual action: central inhibition of dopamine receptors in brainstem CTZ & peripheral gastric motility stimulation):  
10-20mg po/sc q1h prn to q4h around the clock & q1h prn  
if intermittent sc ineffective, trial continuous sc infusion (CSCI) to 60-120mg/24h.
  - ii) if CSCI metoclopramide ineffective, trial dexamethasone 10mg bid po/sc x 24hr: then decrease to lowest effective dose
  - iii) if metoclopramide not tolerated (extrapyramidal side-effects) trial other prokinetic drug:  
domperidone 10 - 20mg po (only) tid ac & qhs
  - iv) if domperidone ineffective, trial ondansetron 8 mg po/sc q8h (usually more effective for chemo-induced nausea but occasionally helpful)

**C) Bowel Obstruction: Always consider surgery; if surgery not an option:**

- i) **complete:**
  - a) **no prokinetic agents:** may cause reverse peristalsis & increase emesis
  - b) dexamethasone 10mg sc qid x 24h; if effective, decrease by 10mg qd to lowest effective dose (may reduce tumor-induced edema & reopen GI lumen: also extremely powerful antiemetic)
  - c) steroid ineffective?: trial haloperidol 1-2mg sc q12h & q1h prn
  - d) haloperidol ineffective? consider hyoscine butylbromide 10-20mg sc q4h or 60-120mg/24h by CSCI or octreotide 100 µg sc bid to tid (decrease GI secretions and motility)
  - e) conservative sc hydration (1-2 L/d; minimize GI secretions) & sc opioid for pain
  - f) NG tube **only** if copious vomiting/abdominal distention & only till distention resolved
  - g) obstruction unresolved: consider decompression PEG (allows fluid intake for pleasure)
  - h) esophageal obstruction: consider stent/dilation

**A patient can live for weeks to months on sc hydration/drug administration**

- ii) **partial:**
  - a) **prokinetic agent, stool softener & vigorous use of enemas:** impacted feces in narrowed lumen may be obstructing agent
  - b) b, c, e, f & h, as above, until obstruction resolves

**D) Hypercalcemia:** hydration & bisphosphonate

**E) Drugs:** change opioid if other measures ineffective

**F) CNS mets:** dexamethasone 4mg po/sc qid; palliative radiation if overall condition warrants

**REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.**

**Palliative Care Tips are now available on our Website: [www.palliative.org](http://www.palliative.org)**