A Guide to Nausea /Vomiting Assessment and Treatment

Continua HOSPICE LEARNING

Nausea /Vomiting Assessment and Treatment

Refer to CRT Management of Nausea and Vomiting for medication dosing, route and frequency

Clinical Presentation	Etiology	Assessment	Treatment
N/V after initiating or increasing opioid therapy	Opioid side effect	Rule out other causes of n/v	prochlorperazine (Compazine®) haloperidol (Haldol®) Short term use only, as opioid side effect should resolve in 5-7 days.
Early satiety, may vomit a long time after meals; symptoms increase as day progresses	Slowed GI motility r/t drugs, ascites, hepatomegaly, radiation therapy	Does vomiting relieve feeling of nausea? Assess for fullness, reflux, belching, hiccups	For slowed motility - metaclopramide (Reglan®) To reduce gastric secretions – ranitidine (Zantac®) Offer small frequent meals, elevate HOB
Large emesis, undigested food in emesis, abdominal pain, distention	Mechanical or functional bowel obstruction. Rule out constipation	Last BM? Listen for bowel sounds. Assess for pain, distention, tenderness. Check for flatus	Disimpact if needed and review bowel regimen. Stop all bowel motility agents if constipation is ruled out as cause & bowel obstruction suspected. Try ABD, dexamethasone, hyoscymine to relieve n/v, cramping pain. NPO if obstructed
Chronic persistent nausea. Early morning vomiting, new confusion, constipation, dehydration	Metabolic – hypercalcemia, uremia. Digoxin, theophylline, anticonvulsant, or other drug toxicity	Assess mental status for onset of confusion. Assess for constipation, pruritis, edema	Evaluate medications and reduce dosage as able. Consider labs for hyperglycemia, encourage fluids if patient tolerates prochlorperazine (Compazine) haloperidol (Haldol) prn
Headache with nausea/vomiting, especially in early morning	CNS involvement with increased ICP – tumor, radiation to head/neck	Assess if headache improves on standing or sitting up. Assess for photosensitivity, potential for cerebral mets	dexamethason (Decadron®) haloperidol (Haldol®)
Coughing with vomiting	Respiratory distress, pharyngeal irritation	Assess for treatable cause – respiratory infection, candidiasis or stomatitis	Treat infections as appropriate. Cough suppressant For thick secretions, scololamine or hyoscyamine nebulized intervention as needed