

# Management of NAUSEA and/or VOMITING in the last days of life – ADULT

Assess patient in the last days of life at least every 4 hours: to allow existing and emerging symptoms to be detected, assessed and treated effectively  
 Assess symptoms and if nausea and/or vomiting present: instigate non-pharmacological measures (e.g. mouthcare; sips of water and ice chips; tissues and vomit bag, etc.), give PRN antiemetic as below and assess effectiveness

Patient has NOT been on a regular antiemetic  
 (not on regular in the last 7 days)

Patient HAS been on a regular antiemetic  
 (regular antiemetic use during the last 7 days)

Patient is symptom controlled

Patient is symptomatic of nausea and/or vomiting

Prescribe regular subcut antiemetic  
 Convert oral antiemetic to same subcut antiemetic

METOCLOPRAMIDE*	OR	HALOPERIDOL
EITHER		EITHER
10mg subcut regularly 8 hourly		1mg subcut regularly 12 hourly
OR		OR
30mg subcut in 24 hr syringe driver		2mg subcut in 24 hr syringe driver
	OR	

Seek advice from local Specialist Palliative Care Team if on alternative oral antiemetic and/or if symptoms uncontrolled

Pre-emptively prescribe PRN subcut antiemetic

Prescribe regular subcut antiemetic  
 EITHER

**IF METOCLOPRAMIDE CONTRAINDICATED OR INEFFECTIVE**

First Line  
 METOCLOPRAMIDE\* 10mg subcut 8 hourly PRN  
 max PRN dose in 24hrs = 30mg (3 PRN doses)  
 OR Second Line  
 HALOPERIDOL 1 mg subcut 4 hourly PRN  
 max PRN dose in 24hrs = 3mg (3 PRN doses)

METOCLOPRAMIDE\* 10mg subcut regularly 8 hourly  
 OR  
 METOCLOPRAMIDE\* 30mg subcut in 24hr syringe driver

Prescribe alternative regular subcut antiemetic  
 EITHER  
 HALOPERIDOL 1mg subcut regularly 12 hourly  
 OR  
 HALOPERIDOL 2mg subcut in 24 hr syringe driver

Assess response and initiate further intervention if symptoms remain uncontrolled

**IF METOCLOPRAMIDE CONTRAINDICATED, PRESCRIBE HALOPERIDOL AS ALTERNATIVE SUBCUT ANTIEMETIC**

Also prescribe PRN subcut antiemetic  
 HALOPERIDOL 1mg subcut 4 hourly PRN  
 max PRN dose in 24hrs = 3mg (3 PRN doses)

Review symptom control at least daily  
 If 3 or more effective PRN doses required in previous 24 hours, prescribe regular antiemetic

Also prescribe PRN subcut antiemetic  
 HALOPERIDOL 1mg subcut 4 hourly PRN  
 max PRN dose in 24hrs = 3mg (3 PRN doses)

Also prescribe PRN subcut antiemetic  
 HALOPERIDOL 1mg subcut 4 hourly PRN  
 max PRN dose in 24hrs = 3mg (3 PRN doses)

Review symptom control at least daily, or more often if symptoms uncontrolled  
 If 3 or more effective PRN doses required in previous 24 hours:  
 If on regular METOCLOPRAMIDE – switch METOCLOPRAMIDE to regular HALOPERIDOL.  
 If on regular HALOPERIDOL – increase dose of by 1mg a day, to maximum of 5mg/24hrs

Assess response and initiate further intervention if symptoms remain uncontrolled

Assess response and initiate further intervention if symptoms remain uncontrolled

If symptoms remain uncontrolled or alternative antiemetic required, seek further advice from local Specialist Palliative Care Team

Review symptom control at least daily  
 If 3 or more effective PRN doses required in previous 24 hours, switch regular antiemetic from METOCLOPRAMIDE to HALOPERIDOL

Review symptom control at least daily  
 If 3 or more effective PRN doses required in previous 24 hours, increase dose of regular HALOPERIDOL By 1mg a day, to maximum of 5mg/24hrs

## CAUTIONS & CONTRINDICATIONS

### \*METOCLOPRAMIDE

- Caution with abdominal colic
- Do not use in bowel obstruction

### HALOPERIDOL

- Do not use in Parkinson's Disease or Lewy Body Dementia
- Watch for extrapyramidal side effects (repetitive and involuntary movements, abnormal restlessness and parkinsonism including tremor, rigidity, bradykinesia)

Refer to prescribing guide and accompanying supporting information for further prescribing information on METOCLOPRAMIDE & HALOPERIDOL including maximum dosing and contra-indications

