 **Nausea and Vomiting Standing Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

|  |  |
| --- | --- |
| **Standing Order Name** | Nausea and vomiting |
| **Rationale** | To promptly and appropriately control symptoms of nausea and vomiting in a number of conditions including:* Migraines
* Motion sickness
* Vertigo
* Post operative nausea and vomiting
 |
| **Scope (condition and patient group)** | Adult patients who are presenting with symptoms of either nausea and/or vomiting who are not pregnant. |
| **Red Flags** | Severe abdominal pain may be suggestive of more acute causes of nausea and vomiting |
| **Assessment** | 1. Check patients history* What treatment has been tried
* Medical history, medication and allergies

2. Ask about symptoms3. Examination* Access for dehydration
* Weight, temperature, blood pressure
* General examination related to other possible causes of nausea and vomiting
 |
| **Indication** | **First line treatment of nausea and/or vomiting in migraines*** Promotes gastric emptying, which may help with absorption of pain relief
 |
| **Medicine** | **Metoclopramide** 10mg tablet or injection |
| **Dosage instructions** | Give 10mg STAT. If giving injection, give over 3 minutes |
| **Route of administration** | Oral or intravenous |
| **Quantity to be given** | 1 x 10mg tablet or injection |
| **Contraindications** | Gastro-intestinal obstruction |
| **Precautions** | * Extrapyridamal side effects in young and old women
 |
|  |  |
| **Indication** | **First line treatment of nausea and/or vomiting in motion sickness and vertigo** |
| **Medicine** | **Cyclizine** 50mg tablets or injection |
| **Dosage instructions** | Give 50mg STAT |
| **Route of administration** | Oral or intravenous |
| **Quantity to be given** | 1 x 50mg tablet or injection |
| **Contraindications** | N/A |
| **Precautions** | * Gastro-intestinal obstruction
* Urinary retention
* Pregnancy (category B3)
 |
|  |  |
| **Indication** | **First line treatment of post-operative nausea and vomiting** |
| **Medicine** | **Ondansetron** 4mg wafers or injection |
| **Dosage instructions** | Give 4 to 8mg STAT |
| **Route of administration** | Oral or intravenous |
| **Quantity to be given** | 1-2 x 4mg wafer or injection |
| **Contraindications** | Congenital long QT syndrome |
| **Precautions** | * Gastro-intestinal obstruction
* Hypokalaemia and hypomagnesaemia
* Hepatic impairment
* Constipation (note: constipation is a SE of ondansetron)
 |
|  |  |
| **Additional information** | The possibility of pregnancy should be considered in all women of child-bearing age presenting with nausea and vomiting |
| **Follow-up** | Follow-up should be determined on an individual basis depending on the indication being treated. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) BMJ Best Practice <http://bestpractice.bmj.com> Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | N/A |

|  |  |
| --- | --- |
| **Medical Centre or Clinic:** |  |

|  |
| --- |
| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_