

Nausea and Vomiting Standing Order

Issue date:		Review date:	
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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: <ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 1. Check patients history <ul style="list-style-type: none"> • What treatment has been tried • Medical history, medication and allergies 2. Ask about symptoms 3. Examination <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Extrapryridamal 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Gastro-intestinal obstruction

	<ul style="list-style-type: none"> • 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 Best Practice Journal at www.bpac.org.nz New Zealand Formulary at www.nzf.org.nz Individual medicine data sheets at www.medsafe.govt.nz BMJ Best Practice http://bestpractice.bmj.com Standing Order Guidelines, Ministry of Health, 2012 Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)
Definition of terms used in standing order	N/A

Medical Centre or Clinic:	
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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: _____