

Drugs for Nausea and Vomiting in Palliative Patients

Drug	Mechanism	Dosing (starting → typical standing dose)	Indications	Side effects
Metoclopramide (=Maxeran)	DA ₂ antagonist Prokinetic	10mg q6hr PRN → 10mg sc/iv/po TID or 30mins before meals & at hs	Opioid induced, GI dysmotility,	CTZ / ↑QTc, diarrhea, EPS, may increase appetite *renal excretion, start with 5mg per dose if low GFR **Black box warning due to ↑QTc, max 40mg/day
Domperidone	Prokinetic	10mg q6hr PRN → 10mg po TID (AC meals)	Opioid induced, GI dysmotility	↑QTc, diarrhea, minimal EPS risk **Black box warning due to ↑QTc, max 40mg/day
Haloperidol (=Haldol)	DA ₂ antagonist Mild prokinetic	0.5mg sc/po q4h PRN → 1mg sc/po BID	Opioid induced, CTZ	↑QTc, EPS
Prochlorperazine (=Stemetil)	DA ₂ antagonist	10mg iv/po q6h (usually used just PRN)	Opioid induced, CTZ	↑QTc, EPS
Methotrimeprazine (=Nozinan)	DA ₂ antagonist Anticholinergic (mild)	5mg sc/po qhs PRN → titrate to required dose, max 75mg/day	Opioid induced, CTZ, anxiety, insomnia	↑QTc, EPS, paroxysmal delirium in ~5%, sedation
Olanzapine (=Zyprexa)	DA ₂ antagonist, 5HT ₂ antagonist	2.5mg sc/po q4hr PRN → 2.5mg qAM, 5mg qhs	Opioid induced, CTZ, anxiety	↑QTc (mild), EPS (mild), some sedation, increases appetite
Ondansetron (=Zofran)	5HT ₃ antagonist	4-8mg po/iv/sc q8hr PRN → 8mg po/iv BID	Chemo/Radiation therapy induced, resistant n/v, CTZ	↑QTc, constipation, headache
Granisetron (=Kytril)	5HT ₃ antagonist	1mg po/iv/sc q8hr PRN → 1mg po/iv BID	Chemo/Radiation therapy induced, resistant n/v, CTZ	↑QTc, constipation, headache
Dimenhydrinate (=Gravol)	Anti-histamine Anticholinergic DA ₂ antagonist	25-50mg sc/iv/pr/po	Acute symptoms, sedation desirable	Sedation, delirium
Scopolamine (=Transderm V patch)	Anticholinergic	1 patch q3 days	Motion induced nausea	Anticholinergic (postural hypotension, delirium, dry mouth etc)
Dexamethasone (=Decadron)	Anti-inflammatory	4-12mg in single or divided dose po/sc	Bowel obstruction, intracranial disease, resistant nausea/vomiting	Corticosteroid 'shopping list' if used long term (high sugars, edema, muscle wasting, AVN, etc)
Nabilone (=Cesamet)	Cannabinoid	1mg po BID	Chemotherapy induced, in combination for resistant n/v	Confusion, sedation, euphoria, increased appetite
Medical Marijuana	Cannabinoid	?? Usually Rx is for 1-3 grams/day	Chemotherapy induced, in combination for resistant n/v	Confusion, sedation, euphoria, increased appetite
Octreotide (=Sandostatin)	Somatostatin analogue	100-300mcg SC TID	Bowel obstruction, diarrhea (chemo, not infection induced)	Decreased bowel motility
Aprepitant/ Fosaprepitant (=Emend po/iv)	NK-1 Antagonist	PO = 125mg or 80mg OD IV = 150 or 115mg OD	Highly emetogenic chemotherapy	Fatigue, hypotension, constipation

CTZ = Chemosensitive trigger zone; NK-1 = Natural Killer receptor; 5-HT = Serotonin; DA₂ = Dopamine receptor