

- Help the client rinse his or her mouth after vomiting. This decreases the bad taste and corrosion of tooth enamel by gastric acid.
- Provide requested home remedies when possible (eg, a cool, wet washcloth to the face and neck).

Evaluation

- Observe and interview for decreased nausea and vomiting.
- Observe and interview regarding ability to maintain adequate intake of food and fluids.
- Compare current weight with baseline weight.
- Observe and interview regarding appropriate use of antiemetic drugs.

PRINCIPLES OF THERAPY

Drug Selection

Choice of an antiemetic drug depends largely on the cause of nausea and vomiting and the client's condition.

1. The 5-HT₃ receptor antagonists (ondansetron, granisetron, and dolasetron) are usually the drugs of first choice for clients with chemotherapy-induced or postoperative nausea and vomiting. In chemotherapy, studies indicate greater effectiveness when combined with a corticosteroid (eg, dexamethasone).
2. Drugs with anticholinergic and antihistaminic properties are preferred for motion sickness. Antihistamines

such as meclizine and dimenhydrinate are also useful for vomiting caused by labyrinthitis, uremia, or postoperative status.

3. For ambulatory clients, drugs causing minimal sedation are preferred. However, most antiemetic drugs cause some sedation in usual therapeutic doses.
4. Promethazine (Phenergan), a phenothiazine, is often used clinically for its antihistaminic, antiemetic, and sedative effects.
5. Although phenothiazines are effective antiemetic agents, they may cause serious adverse effects (eg, hypotension, sedation, anticholinergic effects, extrapyramidal reactions that simulate signs and symptoms of Parkinson's disease). Consequently, phenothiazines other than promethazine usually should not be used, especially for pregnant, young, elderly, and postoperative clients, unless vomiting is severe and cannot be controlled by other measures.
6. Metoclopramide (Reglan) may be preferred when nausea and vomiting are associated with nonobstructive gastric retention.

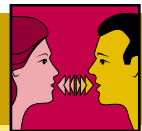
Dosage and Administration Factors

Dosage and route of administration depend primarily on the reason for use.

1. Doses of phenothiazines are much smaller for antiemetic effects than for antipsychotic effects.

CLIENT TEACHING GUIDELINES

Antiemetic Drugs



General Considerations

- ✔ Try to identify the circumstances that cause or aggravate nausea and vomiting and avoid them when possible.
- ✔ Drugs are more effective in preventing nausea and vomiting than in stopping them. Thus, they should be taken before the causative event when possible.
- ✔ Do not eat, drink, or take oral medications during acute vomiting episodes, to avoid aggravating the stomach upset.
- ✔ Lying down may help nausea and vomiting to subside; activity tends to increase stomach upset.
- ✔ Once your stomach has settled down, try to take enough fluids to prevent dehydration and potentially serious problems. Tea, broth, and gelatins are usually tolerated.
- ✔ Do not drive an automobile or operate dangerous machinery if drowsy from antiemetic drugs to avoid injury.
- ✔ If taking antiemetic drugs regularly, do not drink alcohol or take other drugs without consulting a health care provider. Several drugs interact with antiemetic agents, to increase adverse effects.
- ✔ Dronabinol, which is derived from marijuana and recommended only for nausea and vomiting associated with cancer chemotherapy, can cause dizziness, drowsiness,

mood changes, and other mind-altering effects. You should avoid alcohol and other drugs that cause drowsiness. Also, do not drive or perform hazardous tasks requiring alertness, coordination, or physical dexterity, to decrease risks of injury.

Self- or Caregiver Administration

- ✔ Take the drugs as prescribed: Do not increase dosage, take more often, or take when drowsy, dizzy, or unsteady on your feet. Several of the drugs cause sedation and other adverse effects, which are more severe if too much is taken.
- ✔ To prevent motion sickness, take medication 30 minutes before travel and then every 4 to 6 hours, if necessary, to avoid or minimize adverse effects.
- ✔ Take or give antiemetic drugs 30 to 60 minutes before a nausea-producing event, when possible. This includes cancer chemotherapy, radiation therapy, painful dressings, or other treatments.
- ✔ Take dronabinol only when you can be supervised by a responsible adult because of its sedative and mind-altering effects.