

## 620 granisetron

- I&O ratios; palpate bladder for distention in urinary obstruction
- **Cancer metastases:** for relief of bone pain (back pain), change in motor function
- Blood studies: lipid profile, acid phosphatase; calcium; hypercalcemia may occur

• **Pregnancy/breastfeeding: do not use in pregnancy, breastfeeding**

### Evaluate:

- Therapeutic response: more normal levels of PSA, acid phosphatase, alk phos; testosterone level of <25 ng/dL; thinning of endometrial lining, decreased endometriosis symptoms, decreased symptoms in breast cancer

### Teach patient/family:

- To continue with appointments monthly
- That hyperglycemia may occur in diabetic patients
- That gynecomastia and postmenopausal symptoms may occur but will decrease when treatment is discontinued
- That bone pain may increase then decrease, may use analgesics
- To notify prescriber of difficulty urinating, hot flashes
- **Pregnancy/breastfeeding:** Not to breastfeed; to use effective nonhormonal contraception; to notify prescriber if menstrual period continues
- **To notify prescriber if chest pain, weakness, difficulty breathing occur, may indicate MI or stroke**
- Reason for product, expected results; to use q3mo, to notify health care professional characteristics of periods (endometriosis)

### granisetron (Rx)

(grane-iss'e-tron)

Kytril , Sancuso, Sustol

*Func. class.:* Antiemetic

*Chem. class.:* 5-HT<sub>3</sub> receptor antagonist

**ACTION:** Prevents nausea, vomiting by blocking serotonin peripherally, centrally, and in the small intestine

**USES:** Prevention of nausea, vomiting associated with cancer chemotherapy, including high-dose CISplatin, radiation

**Unlabeled uses:** Acute nausea, vomiting after surgery

**CONTRAINDICATIONS:** Hypersensitivity to this product, benzyl alcohol

**Precautions:** Pregnancy, breastfeeding, children, geriatric patients, ondansetron/palonosetron/dolasetron hypersensitivity, cardiac dysrhythmias, cardiac/hepatic/GI disease, electrolyte imbalances

## DOSAGE AND ROUTES

### Nausea, vomiting in chemotherapy

• **Adult/child ≥2 yr:** **IV** 10 mcg/kg over 5 min, 30 min before the start of cancer chemotherapy; **TD** apply 1 patch (3.1 mg/24 hr) to upper outer arm 24-48 hr before chemotherapy, patch may be worn up to 7 days

• **Adult:** **PO** 1 mg bid, give 1st dose 1 hr before chemotherapy and next dose 12 hr after 1st or 2 mg as a single dose anytime within 1 hr before chemotherapy

### Nausea, vomiting in radiation therapy

• **Adult:** **PO** 2 mg/day 1 hr before radiation

**Available forms:** Inj 0.1 mg/mL; tab 1 mg; oral sol 2 mg/10 mL; patch TD 3.1 mg/24 hr

### Administer:

Chemotherapy/radiation: given on day of chemotherapy or radiation

### PO route

• Give dose 1 hr before chemotherapy/radiation and another 12 hr after 1st dose

### Transdermal

• Apply to clean, dry skin on upper arm q24-48 hr before chemotherapy or radiation

• Do not cut in pieces

• Apply immediately after opening pouch

### Direct IV route

• May give undiluted over 30 sec via Y-site

### Intermittent IV INFUSION route

• Dilute in 0.9% NaCl for inj or D<sub>5</sub>W (20-50 mL); give over 5-15 min 30 min before chemotherapy

• Store at room temperature for 24 hr after dilution; do not freeze vials

• Do not admix

**Solution compatibilities:** D<sub>5</sub>W, 0.9% NaCl