Clinician Follow Up Reference for Supportive Care

Physical Concerns – “YES” to Nausea or Vomiting

Start With

Did your symptoms start with chemotherapy or another new medication?

IF YES

MA level screener: communicate this answer of yes to symptoms starting with chemotherapy or new medication directly to Physician/APC and in referral or notes for Next Step

APC or higher screener: Access for possible etiologies
• Chemotherapy related
• Review ALL medications as possible cause
• Opioid related
  o could be opioid induced nausea, usually a temporary symptom that abates as patient grows accustomed to the medication
  o Could be result of opioid induced constipation

If NO

MA level screener: communicate this answer of no to symptoms starting with chemotherapy or new medication directly to Physician/APC and in referral or notes for Next Step

APC or higher screener: Access for possible Etologies
• Review ALL medications as possible cause
• Due to partial or complete bowel obstruction
• Is patient constipated
• Does the patient have any neurologic symptoms that would raise the concern of CNS involvement
• Is there progression of cancer
• Is it anticipatory nausea
• Is it due to pain

Next Step

Refer to Physician/APC or Nurse
Consider Antiemetics
If due to chemotherapy consider:
• 5HT3 antagonist (i.e. ondansetron)
• NK-1 Receptor antagonist (i.e. aprepitant)
• Dexamethasone
• Metoclopramide
• Prochlorperazine

If anticipatory nausea/vomiting consider Lorazepam
If due to increased intracranial pressure, consider dexamethasone

See Reference links below for additional information
Share Patient Links and Handouts as appropriate

Timing

If dehydration present: Acute-WITHIN 24 hours
If no dehydration present: Sub-Acute 1-3 days

Notes

Stages I-III: Oncologist should be aware of concerning symptoms because may be related to cancer progression. A good history is key. Nursing staff can also be trained to fully assess symptoms.

Stage IV: Oncologist should be aware of concerning symptoms because may be related to cancer progression. A good history is key. Nursing staff can also be trained to fully assess symptoms. See NCCN algorithms for management of nausea and vomiting related to chemotherapy.

Geriatric: This population may have issues with fluids and keeping hydrated which can exacerbate dehydration concerns. Dangerous dehydration issues can happen quickly, within a day. Especially with opioid use.

Patient Links and Handouts:
- American Cancer Society Nausea and Vomiting
- ASCO answers, Nausea and Vomiting
- Cancer.Net, Nausea and Vomiting
- NIH, NCI Nausea and Vomiting Related to Cancer Treatment (PDQ®) - Patient Version
- CancerCare, Chemotherapy-Induced Nausea and Vomiting
- CancerCare, Tips for Managing Nausea
CSOC Patient Handout can be accessed at: http://cancer-help.me/nausea-vomiting

References:
- NIH, NCI Nausea and Vomiting Related to Cancer Treatment (PDQ®)–Health Professional Version

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