Clinician Follow Up Reference for Supportive Care Physical Concerns –

"YES" to Nausea or Vomitina



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
 - could be opioid induced nausea, usually a temporary symptom that a bates 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 Etiologies

- 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. ondansteron)
- 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 If dehydration

Timing

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 (PDO®) - 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

