

Constant nausea and/or vomiting

Any biochemical or drug triggers

Consider blood tests including U&Es, LFTs, Ca^{2+} and glucose

Exclude UTI

If possible, stop any drugs that are contributing to nausea and vomiting

1st line – **haloperidol**
PO or s/cut * **QT**

2nd line –
levomepromazine
PO or s/cut ** **QT**

3rd line – **olanzapine**
PO or orodispersible
** **QT**

Associated with dizziness, vertigo and/or altered consciousness

Consider brain imaging if not known to have brain metastasis or other space occupying lesion

Consider
dexamethasone with PPI
cover if appropriate
Discuss dexamethasone dose with senior clinician

1st line – **cyclizine** PO or s/cut **IHD** or
prochlorperazine buccal or PO **QT IHD ***
2nd line –
levomepromazine PO or s/cut ** **QT**
3rd line – **olanzapine** PO or orodispersible ** **QT**

Triggered by movement/ travel

Consider aromatherapy with isopropyl alcohol wipes‡

1st line – **cyclizine** PO or s/cut **IHD** or
prochlorperazine buccal or PO * **QT IHD**

2nd line -
levomepromazine
PO or s/cut ** **QT**

* Avoid completely in Parkinson's Disease and Parkinson's Plus syndromes

** Caution in Parkinson's Disease and Parkinson's Plus syndromes, use the lowest effective dose

PO by mouth

QT QTc prolongation

IHD Potential to reduce coronary artery perfusion pressures, risking symptoms of ischaemic heart disease

‡Evidence of efficacy not yet clear, but unlikely to cause adverse effects

Mirtazapine and olanzapine require specialist supervision