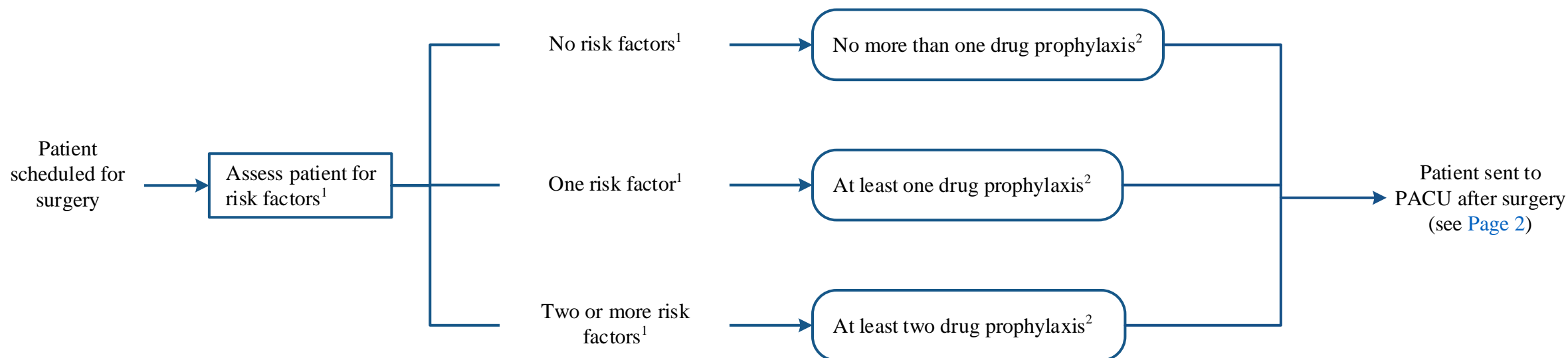


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PATIENT PRESENTATION

PROPHYLAXIS



¹MDACC risk factors

• **Patient specific risk factors:**

- Female gender
- Non-smoking status
- History of post-operative nausea/vomiting (PONV) or motion sickness
- Age less than 50 years

• **Anesthetic risk factors:**

- Use of volatile anesthetics
- Post-operative opioids

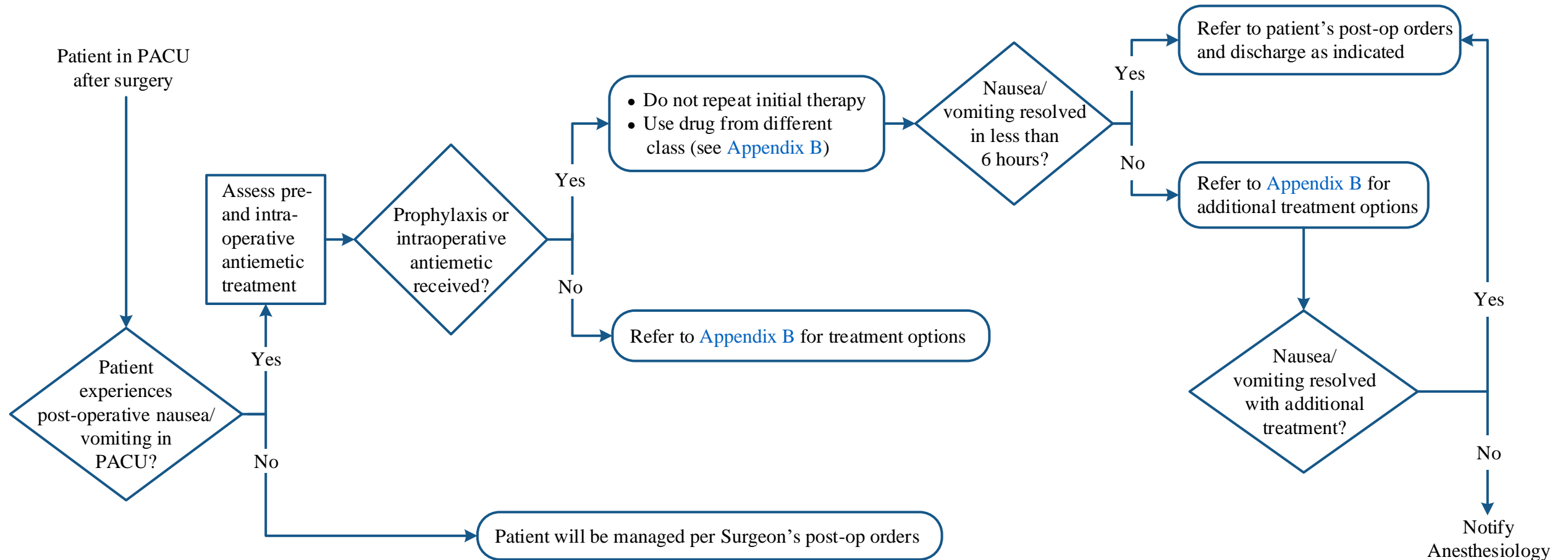
• **Surgical risk factors:**

- Duration of anesthesia greater than 3 hours
- Type of surgery (abdominal, gynecologic, breast, head & neck surgery)

²See [Appendix A](#) – Antiemetic Medication Options for Prophylaxis or Intraoperative Use

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TREATMENT



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APPENDIX A: Antiemetic Medication Options for Prophylaxis or Intraoperative Use

Drug	Dosage	Comments
Anticholinergics Scopolamine Patch (Transderm Scop [®])	1.5 mg disc placed behind ear at least 2 - 4 hours before surgery	<ul style="list-style-type: none"> • Caution in patients greater than 60 years old • Patch may be applied the night prior to surgery • If not discontinued prior to hospital discharge, patients should be instructed in the safe removal and disposal of the patch
Benzodiazepines Midazolam (Versed [®])	35 - 75 mcg/kg IV	<ul style="list-style-type: none"> • May be given pre-operatively or intra-operatively
Butyrophenones Droperidol (Inapsine [®]) ¹	0.625 mg IV	<ul style="list-style-type: none"> • Most effective if given at the end of surgery • Requires 2 - 3 hours of EKG monitoring • Avoid in patients with prolonged QTc interval
Haloperidol (Haldol [®])	1 mg IV	<ul style="list-style-type: none"> • Risk of QTc prolongation precludes its use as a first-line agent • Alternative to droperidol
Corticosteroids Dexamethasone	4 mg IV	<ul style="list-style-type: none"> • Give shortly after induction • Avoid in labile diabetic patients
Neurokinin-1 Receptor Antagonists Aprepitant (Emend [®])	40 mg PO	<ul style="list-style-type: none"> • Give within 3 hours before the induction of anesthesia
Phenothiazines Promethazine (Phenergan [®])	6.25 mg IV	<ul style="list-style-type: none"> • Give shortly after induction • 6.25 mg dose may require a second dose after 15 minutes; may repeat up to 3 times for a maximum dose of 25 mg • Should not be used in children less than or equal to 2 years old • Risk of QTc prolongation
Prochlorperazine (Compazine [®])	5 - 10 mg IV	<ul style="list-style-type: none"> • Give at the end of surgery • Risk of QTc prolongation
Serotonin Antagonists Ondansetron (Zofran [®])	4 mg IV	<ul style="list-style-type: none"> • Give at the end of surgery • Risk of QTc prolongation increases with increasing dose
Granisetron	0.35 - 3 mg IV	<ul style="list-style-type: none"> • Give at the end of surgery • For patients with history of delayed (post-discharge) post-operative nausea and vomiting • Risk of QTc prolongation

¹ Availability varies based on supply

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APPENDIX B: Antiemetic Medication Options for Treatment or Rescue

Drug	Dosage	Comments
Serotonin Antagonists Ondansetron (Zofran [®])	First Line Agent 2 mg IV	<ul style="list-style-type: none"> • Risk of QTc prolongation increases with increasing dose
Phenothiazines Promethazine (Phenergan [®])	Second Line Agents 6.25 mg IV	<ul style="list-style-type: none"> • 6.25 mg dose may require a second dose after 15 minutes; may repeat up to 3 times for a maximum dose of 25 mg • Risk of QTc prolongation
Prochlorperazine (Compazine [®])	5 - 10 mg IV	<ul style="list-style-type: none"> • Risk of QTc prolongation
Butyrophenones Droperidol (Inapsine [®]) ¹	Third Line Agents 0.625 mg IV	<ul style="list-style-type: none"> • Requires 2 - 3 hours of EKG monitoring • Avoid in patients with prolonged QTc interval
Haloperidol (Haldol [®])	1 mg IV	<ul style="list-style-type: none"> • Risk of QTc prolongation precludes its use as a first-line agent • Alternative to droperidol
Prokinetic Metoclopramide (Reglan [®])	Rescue 10 mg IV	

Notes:

- When nausea and vomiting occur post-operatively, treatment should be administered with an antiemetic from a DIFFERENT pharmacologic class than the drug given for prophylaxis initially
- Re-dosing should only occur if greater than or equal to 6 hours has elapsed since the last dose from that class was given

¹ Availability varies based on supply

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DEVELOPMENT CREDITS

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