Care plan for the dying person

Nausea and vomiting in the last days of life

Symptom assessment and management fact sheet

Nausea and vomiting in the last days and hours of life is usually pre-existing with a continuation of what has occurred in the period preceding the person's deterioration. Potential causes include medications such as analgesia, recent chemotherapy or radiation treatment, gastrointestinal issues such as bowel obstruction or constipation and psychological factors including anxiety, fear or pain. Although nausea and vomiting appear to lessen in the last days of life, medications that have been effective to prevent these symptoms previously are usually continued if the person is alert enough to swallow them. Regurgitation of stomach contents is common in the last days or hours of life and may be confused with vomiting.

Antiemetic medication regimes

There are antiemetic regimens available to prescribe for nausea and vomiting in the last days of life.

- For persons with nausea or vomiting who already take an antiemetic that is effective, regular oral antiemetics should usually be converted to subcutaneous form
- Those who do not already take an antiemetic, suitable anticipatory prescribing PRN for nausea or vomiting consider using Metoclopramide (pro-kinetic) or Haloperidol which are commonly chosen subcutaneously.
- Caution Haloperidol and Metoclopramide can aggravate motor features in Parkinson disease or (Parkinson plus disorders) (Lewy body dementia).
- Metoclopramide is not indicated in the management of nausea and vomiting relating to a bowel obstruction.
- Ondansetron is used less due to constipating side effect.

How to help

- Monitor frequency, severity, duration, and time of nausea and/or vomiting.
- Administer prescribed antiemetic medications, monitor and document their effect.
- If nausea persists despite antiemetics notify treating medical team for review for a second line antiemetic.
- Positioning the person comfortably with their head elevated, vomit bag and soft tissues.
- Maintain clean and moist mouth and lips.
- Consider applying a cold compress to the forehead as a comfort measure.
- Encouraging relaxation techniques involving music, gentle massage and consider prescribed anxiolytics for example oxazepam if the person has a lot of distress.

Key message

For persons having difficulty controlling nausea or vomiting contact the treating medical team and consider specialist palliative care advice from your local service or PallConsult **1300 PALLDR (1300 725 537).**

The palliMEDs app is available to support prescribers to provide optimal nausea and vomiting management.

References

Therapeutic Guidelines. (2024). *Palliative care: Care in the last days of life.* https://app.tg.org.au/guidelines/Palliative_Care/Care_in_the_last_days_of_life

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