

# SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Nausea and vomiting are commonly experienced by palliative care patients and can range from being unpleasant to debilitating. With recent medication shortages, it is important for pharmacists to be aware of the various treatment options for managing this common symptom.

## Cause and Mechanism

There are many potential causes of nausea and vomiting, and often the aetiology is multifactorial. Identifying the underlying cause(s) may be useful for the best management approach. Common causes include:

- > Medication and treatment side effects (e.g., opiates, chemo/radiotherapy)
- > Metabolic imbalance (e.g., hypercalcaemia, uraemia, liver failure)
- > Gastrointestinal tract (GIT) conditions such as bowel obstruction, constipation
- > Anxiety and depression, anticipatory nausea
- > Increased intracranial pressure
- > Infection

## Management

Consider reversible causes of nausea and vomiting. Conduct a medication review, considering which medicines may induce nausea and vomiting and which medicines have been tried already. Non-pharmacological strategies may include avoiding strong smells, smaller more frequent meals, and behavioural therapies (if associated with anxiety).

Establishing the likely causes of nausea and vomiting may help select a medicine acting at the pathways involved.

## References

- > Palliative Care Formulary (PCF), 2023
- > Therapeutic Guidelines, Palliative Care, 2016
- > [Scottish Palliative Care Guidelines](#)

## For more information

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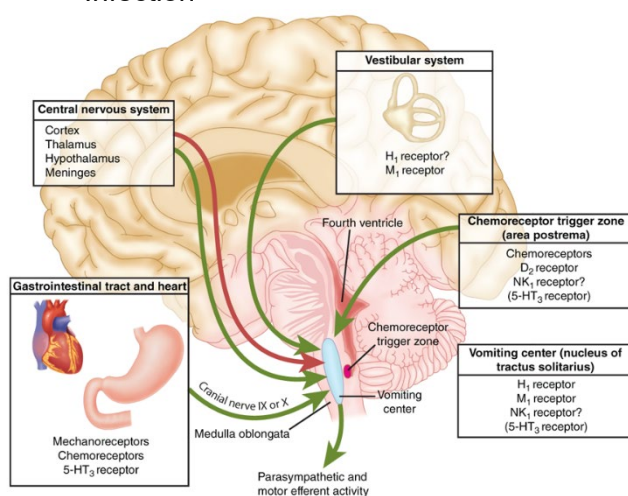


Image 1: Receptors involved in the nausea and vomiting pathways and their sites of action (ref: Katzung B., Basic and Clinical Pharmacology, 15<sup>th</sup> Edition, McGraw Hill, 2021)