# **Nausea and Vomiting (Migraines) Standing Order Template**

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| Issue date: | August 2024 | Review date: | August 2025 |

This standing order is to apply until it is either replaced by a new standing order covering the same subject matter or cancelled in writing by the issuer.

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| **Standing Order Name** | Nausea and vomiting in Migraines |
| **Rationale** | To promptly and appropriately control symptoms of nausea and vomiting for patients with Migraine(s).  |
| **Scope (condition and patient group)** | Adult patients who are presenting with symptoms of either nausea and/or vomiting secondary to migraine  |
| **Red Flags** | Vomiting but no other indication of migraineNeurological signs and symptoms (inconsistent with patient's usual migraine presentationAltered level of consciousness / mental status |
| **Assessment** | 1. Check patient history* What treatment has been tried
* Medical history, medication and allergies

2. Ask about symptoms3. Examination* Assess for dehydration
* Weight, temperature, blood pressure,
* Neurological assessment
* General examination related to other possible causes of nausea and vomiting
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| **Indication** | **Treatment of nausea and/or vomiting in migraines** |
| **Medicine** | **Metoclopramide**  |
| **Dosage instructions** | Give 10mg STAT. If giving intravenouslygive over 3 minutes |
| **Route of administration** | Oral or intravenous or intramuscular |
| **Quantity to be given** | As per dosage instructions above from either 10mg tablet or 10mg/2mL ampoule |
| **Contraindications** | * Use with caution in hepatic and renal impairment patients
* Gastro-intestinal obstruction, perforation or haemorrhage.
* history of neuroleptic malignant syndrome or metoclopramide-induced extrapyramidal symptoms (including tardive dyskinesia)
* Concomitant drugs that may cause extrapyramidal adverse effects
* Parkinson's disease
* Phaeochromocytoma
* Epilepsy (may increase the frequency and severity of seizures)
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| **Precautions** | * Extrapyridamal side effects in young and old women and young adults in general
* Elderly (increased risk of tardive dyskinesia)
* Gastro-intestinal surgery (withhold for 3–4 days following surgery)
* Hypertension
* Cardiac conduction disturbances (and concomitant use of other drugs affecting cardiac conduction)
* May mask underlying disorders such as cerebral irritation
* History of depression
* Prolactin-dependent breast cancer
* Concomitant centrally acting drugs
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| **Additional information** | The possibility of pregnancy should be considered in all women of child-bearing age presenting with nausea and vomiting. Metoclopramide is compatible with pregnancy. |
| **Follow-up** | Follow-up should be determined on an individual basis depending on the indication being treated. |
| **Countersigning and auditing** | Countersigning is not requiredAudit: 50% monthly of administration and/ or supply records if there are 20 or fewer in total.20-30% of administration and/ or supply records if they are in the range of 21-100. |
| **Competency/training requirements** | All healthcare professionals working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) BMJ Best Practice <http://bestpractice.bmj.com> Standing Order Guidelines, Ministry of Health, 2012https://www.health.govt.nz/publication/standing-order-guidelines |
| **Definition of terms used in standing order** | N/A |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

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| **Healthcare professionals operating under Nausea and Vomiting Standing Order** |

Only registered healthcare professionals working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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