Guidelines for Treatment of Nausea and Vomiting in the conservative management of Malignant Bowel Obstruction

I. DIAGNOSING BOWEL OBSTRUCTION

A. Intrabdominal malignancy should be present.

B. One or more of the following SYMPTOMS/SIGNS should also be present

1. Nausea and/or vomiting
2. Constipation/diarrhoea
3. Abdominal pain (insufficient as the only symptom)
4. Abdominal distension
5. Palpable tumour mass
6. Tympanic percussion
7. Tinkling/abnormal bowel sounds
8. Fluid levels or bowel loops on plain abdominal Xray

II. Management of other symptoms in Bowel Obstruction

Docusate sodium is the laxative of choice.
STOP stimulant laxatives e.g. Senna, particularly if colic is present.

III. Prescribing medication in bowel obstruction

1. Medication should be given subcutaneously via a syringe driver over 24 hours, titrating Diamorphine as required for pain.
2. A loading dose of each drug should be given prior to commencing the syringe driver.
3. Ensure PRN medication is prescribed.
MANAGEMENT OF BOWEL OBSTRUCTION IN MALIGNANT DISEASE

Is colic present?

NO

Metoclopramide 30mg +
Metoclopramide 10mg 6-8 hourly PRN

No or partial response

Hysocine butylbromide (Buscopan) 60mg +
Haloperidol 3mg +
Haloperidol 1.5mg 6-8 hourly PRN

Continued vomiting+colic

NO or partial response

Metoclopramide 60mg +
Metoclopramide 10mg 6-8 hourly PRN

Day 2

Continued nausea+colic

Hyoscine butylbromide (Buscopan) 120mg +
Haloperidol 3mg

Hyoscine butylbromide (Buscopan) 60mg +
Levomepromazine 12.5mg mix with 0.9% saline

CALL PALLIATIVE CARE TEAM IF SYMPTOMS NOT CONTROLLED.

020 7928 9292 X 3648 (STH) OR 020 7378 1880 (GUY’S)

Guy’s and St. Thomas’ Hospital Palliative Care Team Bowel Obstruction Guidelines
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