

END OF LIFE CARE FACT SHEET

Nausea & Vomiting

This fact sheet concentrates on the non-pharmacological treatment in the last days/hours of life

INTRODUCTION

Patients/residents at end of life can experience nausea and vomiting and this can have an adverse effect on the person's physical, psychological and social wellbeing and significantly impair their quality of life.

DEFINITION

Definition of Nausea:

A feeling of sickness in the stomach characterized by an urge, but not always leading, to vomit.

Definition of Vomiting:

The forcible voluntary or involuntary emptying of the stomach contents through the mouth.

LDL GOAL

Goal D: The patient/resident does not have nausea (verbalized by the patient/resident if conscious)

Goal E: The patient/resident is not vomiting

ASSESSMENT

- Knowledge of the physiology of nausea and vomiting will promote a rational choice of treatment
- History of symptom and previous management, pharmacological and other
- Assess the cause and treat reversible causes if possible and appropriate, such as constipation
- Review regularly, minimum of four hourly, as per LDL ongoing assessment

MANAGEMENT

Refer to the LDL Nausea and Vomiting symptom control guideline for pharmacological treatment.

IF IN DIFFICULTY, SEEK SPECIALIST ADVICE (see contact details below)

1. Eliminate sights and sounds that cause nausea and vomiting e.g. foods, deodorants, air fresheners, body odour and bowel motions
2. Well ventilated room, fresh air with fan or open window
3. Loose fitting cool clothing
4. Optimise oral hygiene, may use ½ tsp baking soda, ½ tsp salt in 250 mls water as a mouthwash; alternatively there are many other mouth wash preparations available
5. Offer sour candy ice chips made from lemon/pineapple based juice, ginger ale or fruit as per individual preference, if patient is still able to tolerate
6. Some people may prefer peppermints or peppermint tea
7. If the person is still eating, offer small amounts of bland foods, fluids and snacks at room temperature
8. When eating/drinking, upper body should be elevated where possible
9. Liaise with doctor/medical cover if patient already has NG tube in situ and on free drainage

Other therapies that may already be in place (taught or audio) if nausea has been a problem:

Guided imagery/visualization: teaches the person to mentally remove themselves from the present and imagine that they are in another place. This can mentally block the feeling of nausea.

Music Therapy: Using music therapy can relieve stress and anxiety and give a sense of wellbeing.

Distraction: Many different forms of distraction can be used e.g. discussing family memories, routines, DVDs, photos.

Acupressure points: A form of traditional Chinese techniques using pressure. This can be done by the person or a family member/friend. Acupressure bands are also available.

Some other therapies may have been used in the past, but may not be appropriate at "End of Life".

EVALUATION

Accurately document and report as required your assessment, changes and actions, ensuring you have recorded the evaluation of any management measures used.

LOCAL PALLIATIVE CARE CONTACT:

Name: _____ Phone: _____ Email: _____

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