



ACT Palliative Care
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Australian Government
Department of Health and Ageing

Introduction

For a person living with a life limiting illness, nausea (feeling sick in the stomach) and vomiting are common problems. Some people are burdened by nausea and not by vomiting. For others, these two problems are a combined experience. Sometimes vomiting can be a solution to nausea.

For some people, nausea and/or vomiting are an occasional nuisance and for others, nausea in particular, can be a persistent problem. Nausea and/or vomiting can be attributed to a wide range of things and/or a number of separate chemical processes within the body that 'drive' the process of nausea and vomiting.

With a clear understanding of the factors that contribute to nausea and vomiting, there are many things that can be done to bring these issues under control.

Causes of Nausea and Vomiting

Nausea and vomiting can be triggered by:

- Particular smells, tastes, sights, movements and sensations.
- Chemical triggers including some drugs. (Chemotherapy and radiotherapy treatments are well known causes.) Some of the drugs commonly prescribed to people who are living with life limiting illnesses are also known to contribute to nausea and vomiting. (However, almost any drug can bring on an allergic reaction resulting in nausea and vomiting.)
- Painkillers used for moderate to strong pain can often cause some mild nausea when first started (eg, Opioid drugs from the group of drugs which includes Morphine). This usually only lasts 2-3 days and anti-nausea drugs are normally used to overcome this problem.
- Imbalances in body chemicals (including dehydration, kidney problems, liver problems, low blood count, high blood calcium level).
- Blockages in the bowel. These can be temporary (from constipation) or ongoing (from a tumour in the bowel or the squashing effect of tumours elsewhere in the belly).
- Reflux or a squashed or blocked stomach or food pipe (called the Oesophagus).
- Bleeding into the stomach or bowel.
- Untreated pain.
- Lots of coughing or hiccuping.
- Emotions such as anxiety or fear.
- Tumours in the brain that may affect the part of the brain that controls vomiting.
- Upset in balance and/or dizziness caused by the inner ear and/or other areas of the brain being affected by some illnesses.
- Unrelated problems such as gastro or the flu.

For people living with life limiting illnesses there can often be a number of things which combine to make nausea and vomiting more likely.

Managing Nausea and Vomiting

Nausea can be a troublesome symptom if not resolved. Vomiting can be an unpleasant, painful and exhausting experience which if not managed properly can cause dehydration and prevent a person from getting the full benefit(s) of both their food and their oral medications.

If nausea and vomiting are new problems, contact the nurse or doctor in your care team. Their assessment will include trying to understand the particular factors contributing to the problem(s) and which chemical process may be responsible. Generally speaking, there is a range of anti-nausea drugs that can be used to combat nausea and vomiting. The challenge often involves choosing the right one. Particular drugs are known to be more effective than others in stopping nausea and vomiting that result from a range of different chemical processes. For this reason, the nurse or doctor in your care team will be keen to understand what factors you think may have contributed to the nausea/vomiting and what things seem to make it worse or better. This information will be helpful in selecting not just the best anti-nausea medication but also in sorting through the range of other strategies that can help manage nausea and vomiting.

Strategies to help manage nausea and vomiting include:

- Anti-nausea medications as directed. Many of these medications need to be given before meals in order to be most effective.
- Avoiding overly sweet or spicy foods, and experimenting with the texture and the temperature of foods to find what works best.
- Making sure pain is as much under control as possible.
- Making use of complementary therapies such as relaxation therapy, massage, hypnosis, aromatherapy, meditation and/or pleasant distraction therapies.
- Avoiding exercise or other activities that cause exhaustion, such as bathing or showering immediately before or after meals.
- Lying down straight after meals. (Encourage sitting or reclining after meals. Raising the head of the bed by placing a single brick under the legs at the top end of the bed can also be very helpful in reducing reflux.)

Contact the nurse or doctor in your care team if nausea and vomiting persist. It may be that temporarily resting the stomach may be necessary. This involves giving medications and fluids under the skin (see separate fact sheet) for a period of time and sorting through the options for achieving better control over nausea and vomiting.

Contact the nurse or doctor in your care team if you notice blood in the vomit. The urgency with which you should do this is dependent on the amount of

blood and if the person in your care is experiencing any distress. Small flecks of blood can be reported as a matter of routine but a large amount of fresh bright blood needs to be reported straight away as does any "old" blood (which often looks dark brown-red, giving it the appearance of coffee-grounds).

When the person in your care is vomiting:

- Keep a bowl handy. Empty, clean and disinfect the bowl after use.
- During vomiting support the person's head if they wish.
- A cool wet face cloth or flannel applied to the head can also be helpful.
- Provide water for them to rinse their mouth, then use toothpaste and toothbrush to clean their teeth (take care if you are cleaning their teeth that you do not cause them to gag). Mouthwash may be a better alternative.
- Offer small sips of water or ice chips.
- If there is no indication that vomiting will return, encourage regular sips of water and try adding lemon wedges or lemon juice. Alternatively, offer lemonade or energy drinks (carbonated drinks are better bubbly or flat rather than fizzy).
- Gradually introduce a wider variety of drinks and some plain food (such as dry toast) then progress slowly to the person's normal and preferred diet.

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The producers of this fact sheet acknowledge Palliative Care Queensland, Palliative Care Victoria and the Palliative Care Council of South Australia for the source material from which some of the contents of this fact sheet was drawn.

Disclaimer

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This information should be read in conjunction with the advice provided by your palliative care team.