

Pharmacological treatment of nausea in  
a person receiving palliative care  
English summary

Une production de l'Institut national  
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et en services sociaux (INESSS)



# SUMMARY

## Pharmacological treatment of nausea in a person receiving palliative care

### Introduction

The Ministère de la Santé et des Services sociaux (MSSS) tasked the Institut national d'excellence en santé et en services sociaux (INESSS) with developing, updating and hosting the current national medical protocols and collective prescription templates. Following a prioritization exercise, the MSSS's Direction nationale des soins et services infirmiers asked INESSS to update the current versions of the national medical protocol (NMP) on the pharmacological treatment of nausea in a person receiving palliative care and of the related collective prescription template, both of which expired in April 2020.

### Methodology

INESSS updated the systematic review of clinical practice guidelines (CPGs), expert consensuses, consensus conference reports, guidance documents and all other items containing clinical recommendations according to its standards. The literature search was limited to items published between the publication, in 2016, of Québec's national medical protocol and February 2020. The selected items concern persons 18 years of age and over who experience nausea with or without vomiting and who are receiving palliative care. The search parameters were the contraindications to pharmacological treatment, the health status assessment criteria, the physical examinations, the medication administration details, the contraindications, the adverse effects, the precautions and the drug interactions that one must know in order to initiate and adjust pharmacological treatment, and the follow-up required for such treatment.

In addition, a manual literature search was conducted by consulting the websites of North American regulatory agencies, those of health technology assessment agencies, and those of government agencies and professional associations or bodies pertaining to the topic of interest. The lists of references in the selected publications were examined for other relevant items.

The scientific data were analyzed from the perspective of contextualizing Québec practice, using mainly legislative, regulatory and organizational contextual elements specific to Québec, and the perspectives of the different stakeholders consulted.

### Results

The literature search yielded 148 items, from which were selected five clinical practice guidelines and one item containing clinical practice recommendations concerning the treatment of nausea in persons 18 years of age or older receiving palliative care. These six items were deemed to be of adequate methodological quality for their use, based on AGREE II (Appraisal of Guidelines for Research and Evaluation Instrument). In addition, the chapter on nausea and vomiting in the *Guide pratique des soins palliatifs*, produced by

the A.P.E.S. (Association des pharmaciens des établissements de santé), was included for the contextual data on Québec practice that it contains.

Updating the national medical protocol and the collective prescription enabled us to clarify the clinical situation by specifying that the population to which the protocol applies consists of adults receiving Level D palliative care, the sole objective of which is to provide comfort. The literature review contextualized to Québec practice through the perspectives of the stakeholders consulted confirmed the relevance of the pharmacological treatments proposed in Québec's national medical protocol. Treatment with haloperidol should be administered on a first-line basis, with dimenhydrinate considered only if there is a contraindication to, or if the patient is already being treated with, haloperidol. Other, minor changes were made to Québec's national medical protocol and the related collective prescription to harmonize them and their contents in accordance with the templates currently in use at INESSS.

## **Conclusion**

The update of this Québec's national medical protocol and the collective prescription template on the pharmacological treatment of nausea in a person receiving palliative care is based on clinical data and clinical practice recommendations from the literature, which have been enhanced with the perspectives of different experts and clinicians and with contextual information. Triangulating the data from these different sources enabled us to update the protocol in light of the best available clinical practices.

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