

# Nausea & vomiting

People at the end of their lives can experience nausea and vomiting, which has an adverse effect on the person's physical, psychological and social wellbeing and significantly impairs their quality of life.

## Definition

**Nausea:** A feeling of sickness in the stomach characterised by an urge to, but not always leading to, vomit.

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

## Assessment

- 1 Knowledge of the physiology of nausea and vomiting will promote a rational choice of treatment.
- 2 History of symptoms and previous management (pharmacological and other) should be continued.
- 3 Treat reversible causes if possible and appropriate (such as constipation).

## Holistic considerations

**Reflect on:** Te Whare Tapa Wha principles (Durie 1994)

**Emotional considerations:**

Fear and anxiety can be both cause and consequence.

**Spiritual considerations:**

What impact does the nausea have on the person's mana and sense of self?

Are there any cultural considerations, e.g., Māori/Asian/Pacific peoples?

**Social considerations:**

How is not eating affecting the person's family/whānau life? And how is this, in turn, affecting the family/whānau's relationship with their partner/friends?

**Physical considerations:**

Is there pressure from other people to eat? Does the smell of cooking/food cause the person to feel sick?

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## Management

Consider exploring the following options for managing nausea and vomiting.

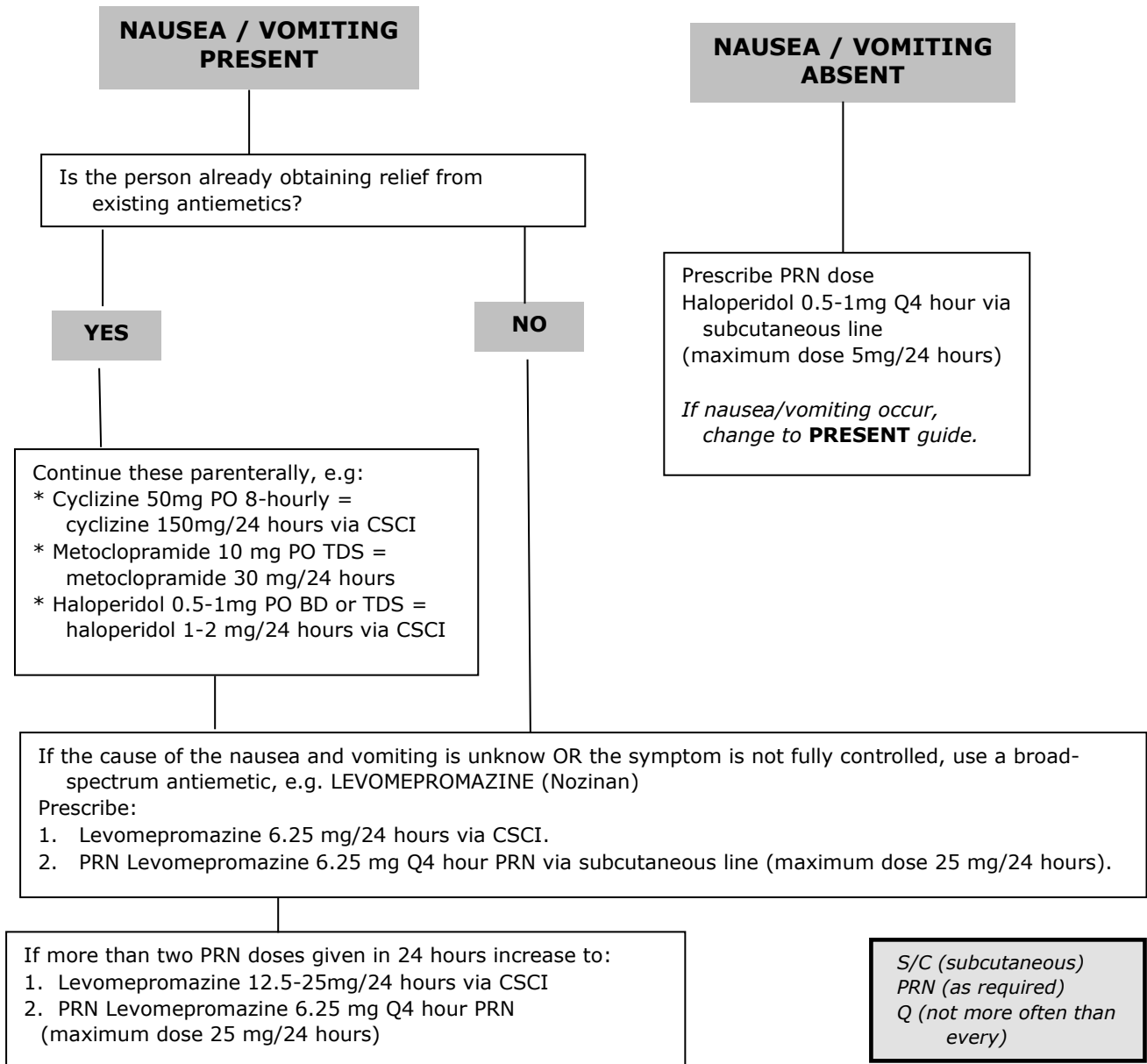
- 1 Eliminate sights and smells that cause nausea and vomiting, e.g., foods, deodorants, air fresheners, body odour and bowel motions.
- 2 Provide a well-ventilated room, circulating fresh air from a fan or open window.
- 3 Help the person dress in comfortable, loose-fitting, cool clothing.
- 4 Optimise the person's oral hygiene. Consider using ½ tsp baking soda, ½ tsp salt in 250 mL water as a mouthwash. Alternatively, there are many different types of mouthwash available.
- 5 Offer sour candy ice chips made from a lemon/pineapple-based juice, ginger ale or fruit as per the person's individual preference and if they are still able to tolerate the taste.
- 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 Help elevate the person's upper body when they are eating or drinking.
- 9 The person may already have a nasogastric (NG) tube on free drainage.
- 10 Use guided imagery/visualisation, teaching the person to mentally remove themselves from the present and imagine that they are in another place, eg, a favourite vacation spot. This can mentally block the nausea and vomiting.
- 11 Use music therapy to relieve stress and give a sense of wellbeing.
- 12 Use distraction techniques, such as, discussing family routines or providing suitable music or DVDs (e.g., documentaries).
- 13 Apply acupressure. This can be done by the person or a family member/friend. Acupressure wrist bands are also available.

Some therapies that were used to provide more comfort for the person in the past may no longer be appropriate at the person's end-of-life stage.

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## NAUSEA & VOMITING



**Anticipatory prescribing in this manner will ensure that in the last hours and days of life there is no delay responding to a symptom if it occurs.**

**If you require further advice 24hrs each day 7 days a week please contact the Specialist Palliative Care Service at Mercy Hospice PH 3615966**