

# PRIMARY CARE 10 TOP TIPS

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## Managing GI symptoms in palliative care

- 1** Oro-pharyngeal candidiasis is common and may be a cause of vomiting.
- 2** A dry mouth is prone to infection and prevention is better than cure – use regular oral gel or salivary substitutes to prevent this, along with Chlorhexidene mouthwashes.
- 3** A pro-kinetic is the first line drug of choice for opiate-induced nausea.
- 4** Haloperidol is the first line drug of choice for 'chemical' nausea.
- 5** Cyclizine is the anti-emetic of choice for raised intracranial pressure.
- 6** Levomepromazine is available as a 25mg tablet, which is scored so that it can be broken into 6.25mg doses. This is a 2nd line anti-emetic.
- 7** When a pro-kinetic is required, Metoclopramide differs from Domperidone in that it crosses the blood brain barrier – it can, therefore, cause extrapyramidal symptoms. Domperidone cannot be given by injection, but is available in suppository form if Metoclopramide is contraindicated/not tolerated.
- 8** Constipation should be managed with a softener (e.g. Docusate) and a stimulant (eg Senna).
- 9** Remember that medications like Lactulose and Macrogol require high fluid intake to avoid colic as a side effect, and not all palliative patients can manage this.
- 10** Remember hypercalcaemia as a potential cause for vomiting and for constipation – this requires urgent management.

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