

<b>Medication:</b> Metoclopramide	<b>PDN:</b> 6996.02	<b>Last Updated:</b> June 20 2018	<b>PMD:</b> Andrew Travers*	<b>PDC:</b> Tanya Fraser*	Page 1 of 2
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## METOCLOPRAMIDE

### 1.0 Classification

- Antiemetic

### 2.0 Mechanism of Action

- Metoclopramide has both dopamine antagonist properties and 5HT<sub>4</sub> receptor agonist properties. Its anti-emetic properties are believed to result from its action on the chemoreceptor trigger zone in the brainstem.

### 3.0 Indications

- Nausea and vomiting associated with:
  - Gastroenteritis
  - Biliary colic
  - Medication side effects (chemotherapy, opioids, SSRIs)
- Suspected migraine with or without nausea and vomiting

### 4.0 Contraindications

- Known hypersensitivity
- When stimulus of gastrointestinal motility might be dangerous (e.g. bowel obstruction or perforation)
- Pheochromocytoma
- Seizure disorder
- Patients receiving medications that put them at risk for extrapyramidal reactions such as haloperidol and fluphenazine

### 5.0 Precautions

- Recommended dose should not be exceeded as increased dosage will not improve clinical outcome
- Use with caution if patient on CNS depressants
- Use with caution in patients who have history of clinical depression

### 6.0 Route

- May be given IV/IM/Subcut
- Subcut is preferred in the palliative population

### 7.0 Dosage

#### Adult

- 10 mg IV/IM/Subcut; if choosing to administer via IV: 10 mg mixed in 100 mL normal saline run over 10 minutes.

#### Pediatric

- Not recommended for use in patients under the age of 18 unless specifically identified to be used in a written palliative care plan or special patient protocol.

## **8.0 Supplied**

- 10 mg in 2 ml vial

## **9.0 May Be Given By**

- CCP/ACP/ICP/PCP

## **10.0 Adverse effects**

- Drowsiness, fatigue
- Insomnia, headache and dizziness
- Extrapramidal symptoms such as dystonia, muscle rigidity, etc.
  - If signs of extrapyramidal reaction appear, consult the Clinical Support Paramedic and consider administering 25 mg IV/IM/Subcut diphenhydramine (subcut is preferred route in the palliative population)

## **11.0 Special notes**

- Pregnancy category B if there is a clinical need for it. Category B drugs are considered safe to use.
- Adverse effects tend to abate when medication is discontinued
- Dimenhydrinate is the antiemetic of choice for nausea and vomiting associated with vertigo or motion sickness

## **12.0 References**

- Palliative Care Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

\*Electronically Signed  
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