

Symptom Management

Nausea/vomiting

Feeling “sick” is the way we often describe the feeling of nausea. It can be as disturbing to well-being as pain. So we try to do as much as we can, for as long as we can, to control it.

The risk of nausea/vomiting increases when the child:

- * has pressure or changes in the brain often from an infection, cancer cells or block in the flow of the fluid around the brain;
- * is taking certain antibiotics, chemotherapy or pain medications;
- * eats certain foods;
- * is very stressed;
- * is constipated or has a blockage in the bowel;
- * has severe pain;
- * has bouts of coughing that go on and on;
- * has an infection;
- * has salts and minerals out of balance in the tissues (abnormal electrolyte counts);
- * has fluid collecting in the abdomen that the body can no longer flush out;
- * has liver problems.

Watch these signs of nausea and vomiting

Not all children can describe nausea. They will give signs such as:

- * gagging;
- * refusing fluids or foods;
- * restlessness;
- * irritable behaviour;
- * more saliva or drooling than usual.

Preventing nausea and vomiting

- * **Keep track of nausea/vomiting. It may help you make a plan to prevent it**

You can keep track of:

- ◆ when the nausea occurs;
- ◆ when the vomiting happens, how long it lasts, and what it looks like (dark brown, bloody, undigested food, etc.);
- ◆ what helps your child recover;
- ◆ what food and drink the child is able to keep down before and after.

Make sure you share this information with your nurse and doctor.

* **Know your child's medications/treatments**

If you know that nausea is a side effect of your child's medications/treatments, it is worth taking steps to prevent it. Preventing the nausea is much better than managing the symptoms after they occur.

* **Give medicines to prevent and manage nausea or conditions that cause nausea**

Ask your doctor to prescribe an "anti-emetic" (medication to prevent and treat nausea). There are many different kinds you can try.

* **Control the conditions that might cause nausea/vomiting**

- ◆ controlling the cough with cough medicine may prevent the vomiting;
- ◆ balancing electrolytes may help nausea/vomiting;
- ◆ anti-anxiety medications or calming strategies will lower stress and anxiety;
- ◆ laxatives and regular bowel movements avoid constipation;
- ◆ giving pain control medications in the right way may prevent the nausea that comes from pain.

* **Use relaxation and distraction techniques to keep anxiety under control**

Find some that are fun and practice them.

Try different techniques. Sometimes changing the place will help – try sitting outside or in another room. See the handout "Emotional Distress" for some tips.

* **Use "Sea-bands"**

These are acupressure bracelets. They have a small button that puts pressure on a point on the wrist. This helps prevent nausea in some people.

Make sure you give anti-emetics at the right times and in the right dose. Try giving them before the medication/treatment that might cause nausea. For example, if strong pain medications are causing nausea, give the anti-emetic before, or at the same time, as the pain medication. If you have any questions, check with the doctor or nurse.

You can learn these techniques from tapes and books available from libraries, bookstores and online.

You can buy sea-bands in health food or drug stores.

Managing nausea and vomiting

* Plan food carefully

- ◆ Dry toast or crackers help some people.
- ◆ Dairy products may increase nausea. Adjust how much dairy food you offer if this is a problem for your child.
- ◆ When nauseous, many children prefer bland foods like cereal, pretzels, toast, pasta, mashed potatoes, vegetables (green peas, beans or carrots), and meat like chicken.
- ◆ Offer “mini-meals” or snacks every hour or two rather than 3 large meals a day.
- ◆ Cooking odours and food with a strong smell can bring on nausea. Try to keep your child away from food and other strong smells.

Tips:

- ◆ Remove the lid from the food tray or dish before you bring it to the child. This allows the smell to escape with the steam.
- ◆ Try eating meals out of doors in warm weather or opening a window for fresh air.
- ◆ Hot food has more smell than food served cold or at room temperature.
- ◆ Avoid fried, fatty, strong smelling or spicy foods.
- ◆ Encourage your child to sip at a drink throughout the day. Clear soups, sports drinks, e.g., Gatorade®, flat pop, tea, jello, sherbet, and non-citrus fruit juice are best after a bout of vomiting.
- ◆ Sucking ice or popsicles will help get fluid into your child.
- ◆ Keep your child upright in a comfortable, relaxed position for at least 2 hours after eating.
- ◆ Allow time to recover after vomiting before trying another snack. Make sure your child brushes her teeth, rinses her mouth and regains calm before you offer more food. If you are giving your child tube feedings, try diluting the feeding (at least half strength) and slowing the rate once he has settled and does not feel nauseated.
- ◆ Some people find it helpful to have something in the stomach just before a medication/treatment. Others do best on an empty stomach. Experiment to see what works best for your child.

If your child does not want to eat, respect his wish. Consider your goals for quality of life. For more information on feeding your child see the handout Critical choices about tube feeding and fluids.

Citrus fruit juices and milk drinks may upset the stomach.

Sour candies or chewing gum cover up the bad taste after a vomit.

Encourage fluids for as long as possible, but don't force them beyond what your child wants.

* If your child is getting a tube feeding and is spitting up or vomiting (not part of the normal pattern), stop the feeding and sit her upright

◆ Give comfort

- after vomiting, rinse the mouth with club soda, mouth wash, or salt water (1 tsp of salt in a litre of water).
- make sure your child is in loose, comfortable clothing.
- use relaxation and distraction at the first sign of nausea.
- get as much fresh air as possible - open windows, sit out doors.
- encourage deep breaths.

◆ Give anti-emetics when they will help most

Experiment to find the best times for the anti-emetics. They may work most effectively taken just before the treatment that causes nausea/vomiting or, half an hour before a meal. Ask the nurse for some advice about this.

Getting professional help when appropriate

A dietician may be available as a resource if your child's nausea persists.

Call your doctor or nurse during the day if:

- * The nausea/vomiting goes on for longer than ____ days.
- * Your child is unable to eat and keep down ____ mls of fluid or, has other signs of dehydration, such as irritability, drowsiness, dry lips, tongue or mouth lining, dry skin, is urinating very little.
- * Your child vomits more than ____ mls in ____ hours.
- * Your child has pain in the stomach while vomiting and this is a new sign.
- * Your child has projectile vomit - vomit shoots out of the mouth - and this is a new sign.
- * You need support from a doctor or nurse.

Check with your doctor or nurse before restarting a tube feed after unusual vomiting.

Parent voice:

After awhile we sort of knew when nausea would come We made this nap time so Leanne often slept through it.

Parent voice:

We experimented with the timing of anti-emetics and then found that what worked best for Milly was to give them around the clock.

Ask your doctor or nurse to help you fill in the blanks in this paragraph.

If you have not already decided on a plan, call your doctor or nurse as soon as you can, if your child:

- * has blood or stuff that looks like coffee grounds in the vomit.
- * can't keep medication down, especially pain medication.
- * has bad pain in the stomach while vomiting.
- * you need support from a doctor or nurse.

When you call, give your child's name, age, and diagnosis. Be ready with this information:

1. When did the nausea start? How long does it last? How much/ how many times has he vomited in the last ____ hours?
2. What have you done to manage the nausea?
3. What medications is he taking? How much? When was the last dose of anti-emetic given?
4. If he is vomiting, what does it look like? Is it dark, look like coffee grinds or bloody?
5. How much has he had to eat or drink in the last ____ hours?
6. Is he having diarrhea? How much?
7. Is he constipated? When was his last bowel movement?
8. Is he having pain? Where? How often?

End Note:

What if nothing seems to work?

Nausea, like pain, causes real distress. We will all do whatever is needed to try to bring it under control. Once we have tried everything without much success, it may be worth considering a procedure that will relieve nausea and vomiting.

- * If nausea is due to pressure on the brain, a shunt (tube that drains fluid from the brain into the abdomen) can be surgically inserted.
- * If nausea/vomiting is due to fluid in the abdomen, draining the fluid may provide relief.

Procedures like these involve surgery, anesthetic, moving from the familiar, and anxiety. They do not normally fit with the ideal of keeping the child calm, comfortable and at peace. However, discuss options and benefits with the doctor and nurse.

Caution:

If your child is vomiting and also has difficulty swallowing, do not give anything to eat or drink until you check with the doctor or nurse. There is a real danger of food/drink getting into the lungs and leading to aspiration pneumonia. This is an uncomfortable condition that can lead to a hospital admission. It is sometimes fatal.

It helps to review your values about quality of life for your child. Weigh the benefits in terms of what is most important at this stage of your child's life. You must always feel that your choices are made with thought and information.

The plan to manage nausea and vomiting:

This pamphlet is the result of a collaboration between
British Columbia's Children's Hospital
and
Canuck Place Children's Hospice

Information about ordering copies:
online: www.cw.bc.ca/library/bookstore

email: famreslib@cw.bc.ca

Phone: 1-800-331-1533

© February, 2004

BCCH-1019

