

Post Op Nausea and Vomiting

Key Document code:	WAHT-TP-054	
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Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	9 th February 2024	
Date of review: This is the most current document and should be used until a revised version is in place	9 th February 2027	

Key Amendments

Date	Amendment	Approved by
<i>9th Feb 24</i>	<i>Added box for avoidance of Dehydration</i>	<i>Paediatric Guideline Review</i>

The following guidance is taken from the Partners in Paediatrics (PIP)

Post-operative nausea and vomiting 2018–20

POST-OPERATIVE NAUSEA AND VOMITING AGED >2 YR

AT RISK

- History of travel sickness or post-operative nausea/vomiting
- Pre-operative pain
- Opioid analgesics
- Post pubertal girls
- >30 min surgery
- [Age risk increases from aged 3yr and rises throughout childhood](#)

Prophylaxis

- Ondansetron 100 microgram/kg (maximum 4 mg) IV over 3–5 min **OR**
- Ondansetron oral:
 - <10 kg: 2 mg
 - ≥10 kg: 4 mg

HIGH-RISK

- Tonsillectomy
- Adenoidectomy
- Strabismus surgery
- [Major ear surgery](#)

Prophylaxis

- Ondansetron 100 microgram/kg IV over 3–5 min (maximum 4 mg)
- Dexamethasone 150 microgram/kg IV over 3–4 min (maximum 6.6 mg)
- [If high-risk, give both](#)

PERSISTENT NAUSEA/>1 EPISODE VOMITING

Ondansetron within last 8 hr

- Dexamethasone 150 microgram/kg IV slowly (maximum 6.6 mg)
- [contraindicated in tumour lysis syndrome; use droperidol \(aged 2–17 yr\) 25 microgram/kg IV maximum 1.25 mg \(not if prolonged QT interval\)](#)
- [Metoclopramide, cyclizine and prochlorperazine are less effective in children](#)
- P6 acupressure
- [If tolerance of oral fluids is mandatory before discharge from day case surgery, post-operative vomiting may be increased](#)

No ondansetron within last 8 hr

- Ondansetron 100 microgram/kg (maximum 4 mg) IV over 3–5 min **OR**
- Ondansetron oral:
 - <10 kg: 2 mg
 - ≥10 kg: 4 mg

STIMULATION OF P6 ACUPUNCTURE POINT

- P6 acupressure point:
 - 1/6 distance from wrist crease to elbow crease [or](#) 2–3 finger breadths proximal to wrist crease, between the 2 prominent tendons in centre of forearm
- Apply gentle pressure with finger-tip

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*Avoidance of dehydration and hypoglycaemia
can reduce post-operative nausea and vomiting*