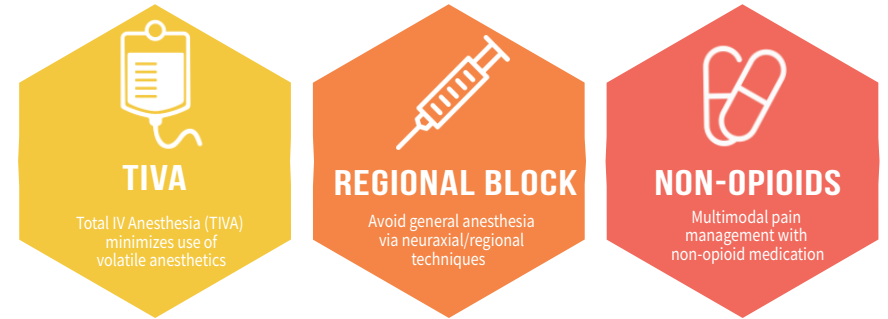


ANESTHESIA CONSIDERATIONS



PONV MANAGEMENT



Assess for, and treat PONV immediately with rescue antiemetic.

If prophylaxis was not given, administer low-dose 5-HT₃ receptor antagonist.

If prophylaxis was given, administer antiemetic from a different class.

Preferred rescue antiemetics:

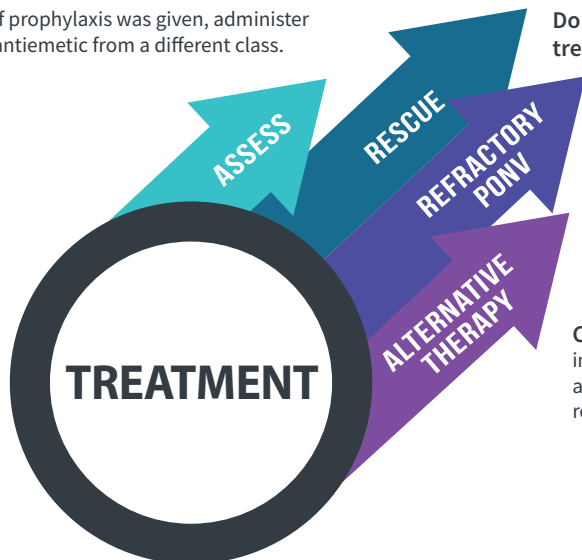
- 5-HT₃ receptor antagonist
- Amisulpride
- Promethazine
- Metoclopramide
- Dimenhydrinate

Do not re-dose scopolamine patch for treatment

Assess possible causes of refractory PONV:

- Hypotension
- GI abnormality
- Excessive opioid use

Consider multi-modal therapy including PC6 stimulation, aromatherapy and non-opioid pain management to reduce symptoms



PROPHYLAXIS

5-HT₃ ANTAGONISTS

ONDANSETRON
GRANISETRON
DOLASETRON
PALONSETRON

CORTICOSTEROIDS

BETAMETHASONE
DEXAMETHASONE
METHYLPREDNISOLONE

ANTIHISTAMINES

PROMETHAZINE
MECLIZINE
HYDROXYZINE
DIMENHYDRINATE
DIPHENHYDRAMINE

DOPAMINE ANTAGONISTS

AMISULPRIDE
PERPHENAZINE
DROPERIDOL
METOCLOPRAMIDE
CHLORPROMAZINE
HALOPERIDOL

NK-1 ANTAGONISTS

APREPITANT
FOSAPREPITANT

ANTICHOLINERGICS

SCOPOLAMINE