

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Ondansetron prolongs the **QT interval** in a dose-dependent manner
- Hypokalaemia and hypomagnesemia should be corrected prior to administration of ondansetron

## Available preparations

Ondansetron 4mg per 2mL ampoule

Ondansetron 8mg per 4mL ampoule

## Reconstitution

Already in solution

**Draw up using a 5 micron filter needle**

## Infusion fluids

Sodium chloride 0.9% or Glucose 5%

## Methods of intravenous administration

**Note:** Must use Intravenous infusion as the method of administration **for patients older than 65 years**, for chemotherapy or radiotherapy induced nausea and vomiting

### Slow intravenous injection

- **Post op nausea and vomiting: all patients**
- **Chemotherapy/radiotherapy induced nausea and vomiting: patients less than 65 years of age**
  - Administer over at least 30 seconds
  - May be diluted to a convenient volume with Sodium Chloride 0.9% to aid slow administration <sup>(ref 1)</sup>

### Intermittent intravenous infusion (for chemotherapy or radiotherapy induced nausea and vomiting, for adult patients of all ages)

- Add required dose to 100mL of infusion fluid
- Administer over at least 15 minutes
- A 50ml infusion may be used if required (eg fluid restriction) but the residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

### Continuous intravenous infusion (for chemotherapy or radiotherapy induced nausea and vomiting in patients less than 65 years of age only) <sup>(ref 1)</sup>

- Add required dose to 50 or 100mL infusion fluid, and administer at a rate of 1mg per hour for up to 24 hours

# Dose in adults

## Emetogenic Chemotherapy and Radiotherapy

- Give 8mg before treatment
- Continue oral treatment (8mg bd po) to protect against delayed or prolonged emesis after the first twenty-four hours

## Highly emetogenic chemotherapy

- Dose range **per day**: 8 to 32mg (max 32mg per twenty-four hours)
- **Maximum single dose** is 16mg (**or 8mg if age 75 or older**) (due to risk of **QT prolongation**)
- Usually: 8mg before chemotherapy. If required, follow with two further IV doses of 8mg, at **least four hours apart**, or by a continuous infusion (1mg per hour) for up to twenty-four hours
- The efficacy of ondansetron in highly emetogenic chemotherapy may be enhanced by the addition of a single dose of dexamethasone sodium phosphate 20mg administered prior to chemotherapy

## Post-operative nausea and vomiting (treatment or prevention)

- Give 4mg by slow IV injection at induction of anaesthesia for prevention of post-operative nausea and vomiting
- Give 4mg by slow IV injection for treatment of post-operative nausea and vomiting

## Renal impairment

- In patients with renal impairment, no alteration of dose is required

## Hepatic impairment

- In patients with moderate or severe hepatic impairment, the clearance of ondansetron is significantly reduced.
- A total of 8mg per twenty-four hours should not be exceeded in these patients

# Monitoring

- Monitor blood pressure and heart rate <sup>(ref 1)</sup>

# Further information

- Specific guidelines are recommended for all chemotherapy regimens within GUH

# Storage

- Store below 25<sup>0</sup>C

# References

Ondansetron SPC (Accord) December 2019

1: Injectable Medicines Administration Guide Medusa, accessed online 12th Jan 2022

# Therapeutic classification

Anti-emetic (5HT<sub>3</sub> receptor antagonist)

Search synonym: Zofran