INTERNAL ONLY
STANDING ORDER
EMERGENCY DEPARTMENTS

PROCHLORPERAZINE – Administration by Accredited Emergency Nurses for nausea and/or vomiting

POLICY STATEMENT

This order may only be activated under the specific circumstances set out in the section “Indications” and provided there are no contraindications present.

The administering nurse must be accredited to administer the drug and record the administration on the once only section of the medication chart or electronic equivalent. This order must be checked and signed by a medical officer within 24 hours, and preferably within 4 hours, of activation of the standing order.

This standing order is only valid until the date noted by the Drug and Quality Use of Medicines Committee under the heading “Effective To:” at the end of this document.

1. NURSING ACCREDITATION REQUIREMENTS

Accredited Registered Nurses employed within SESLHD Emergency Departments (ED) who are working in an extended practice nurse or Advanced Clinical Nurse (ACN) capacity must have at least a minimum of two (2) years emergency / critical care experience and must be able to work at a minimum of resuscitation level or above (i.e. triage / clinical initiatives nurse) and/or as approved by the ED Nurse Manager.

2. INDICATIONS

Adult patients (16 years of age and over) presenting to SESLHD Emergency Department (ED) with nausea and/or vomiting who are able to tolerate oral or intramuscular anti-emetics or those patients who have already been administered an alternative anti-emetic without effect.

3. CONTRAINDICATIONS

- Less than 16 years of age
- Haemodynamically unstable (meets PACE / Between The Flag criteria)
- Circulatory collapse
- Decreased level of consciousness / central nervous system depression
- Bone marrow depression
- Phenothiazine hypersensitivity (e.g. jaundice or blood dyscrasia)

4. PRECAUTIONS

- Renal impairment
- Parkinson’s disease
- Hypothyroidism, hypocalcaemia, hypoparathyroidism
- Myasthenia gravis
- Impaired liver function
- Phaeochromocytoma
- Prostatic hypertrophy (continued over)
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- Epilepsy
- Existing liver disease – jaundice
- Spinal anaesthesia
- QT prolongation
- Diabetes - Hyperglycaemia
- Risk factors for stroke or thromboembolism
- Elderly
- Pregnancy (Category C)
- Lactation

5. ACTIONS/MONITORING REQUIRED

Pre administration:
- Assessment of previous medications utilised i.e. over the counter and/or prescription drugs
- A full set of vitals (heart rate, blood pressure, respiration rate, temperature, Glasgow Coma Scale (GCS)) must be taken prior to administration of prochlorperazine

Documentation:
- Document patient observations on the ED Standard Adult General Observation (SAGO) Chart and/or electronically within Firstnet.
- The administering nurse must record the administration in ink on the ‘once-only’ section of the National Inpatient Medication Chart (NIMC) or electronic equivalent as Emergency Department Standing Order (i.e. ED STO within a circle) plus print and sign their name.
- The Emergency Department Standing Order record on the NIMC or electronic equivalent must be countersigned by the medical officer that subsequently assesses and treats the patient within 4 hours.
- The signatures of the administering nurse and nurse checking the medication must be clearly documented on the NIMC or electronic equivalent and includes completing the date, time, drug, dose, route and time of administration sections.
- The administering nurse must record in the patient’s progress notes the administration and effect of the medication.
- Drugs must be checked and ordered according to hospital policy and adhering to the Ministry of Health Policy Medication Handling in NSW Public Health Facilities PD2013_043.

Post administration:
- Evaluate and document therapeutic response to the antiemetic.
- Notify a medical officer if patient meets PACE / Between The Flag criteria
- Monitor for side effects including acute dystonic reactions and notify a medical officer if they occur
- Warn patient not to drive or operate machinery (drowsiness and dizziness may occur)
6. PROTOCOL/ADMINISTRATION GUIDELINES:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prochlorperazine</td>
<td>16 to 65 years: 12.5 mg / 1 mL</td>
<td>Deep Intramuscular Injection</td>
<td>Once only</td>
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<tr>
<td></td>
<td>OR</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>5 to 10 mg</td>
<td>Orally</td>
<td></td>
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</tbody>
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Caution: CHECK for allergies and/or contraindications

Lower dosage should be used in the elderly.
Do not use a darkened solution for injection (more than pale yellow)

7. POTENTIAL ADVERSE EFFECTS/INTERACTIONS:

**Most common side effects:**
- Constipation, dry mouth
- Drowsiness, akathisia, parkinsonism
- Blurred vision

**Less frequent side effects:**
- Jaundice
- Hypotension, peripheral oedema, ECG changes
- Dermatitis
- Hyperglycaemia/hypoglycaemia
- Paralytic ileus
- Acute dystonic reactions, headache, hyperprexia
- Urinary retention
- Psychotic symptoms
- Respiratory depression
- Angioedema and urticaria

**Interactions:** (continued over)

- Antiarrhythmic agents including quinidine, disopyramide, amiodarone and sotalol
- Other medications affecting QT interval such as bepridil, cisapride, sulotrope, thioridazine, methadone, intravenous erythromycin, intravenous vincamine, halofantrine, pentamidine,
Medicines which induce bradycardia, such as diltiazem, verapamil, beta-blockers, clonidine, digoxin, gaunfacine.

Medicines which can cause hypokalaemia, such as diuretics, stimulant laxatives, intravenous amphotericin B, glucocorticoids, tetracosactides.

Other antipsychotics.

Alcohol and other depressant drugs

Atropinic agents and tricyclic antidepressants.

Simultaneous administration of desferrioxamine

Procarbazine

Phenytoin

Levodopa

Oral anticoagulants

8. REFERENCES:

