1.0 Classification
   • Antiemetic

2.0 Mechanism of Action
   • Metoclopramide has both dopamine antagonist properties and 5HT4 receptor agonist properties. Its anti-emetic properties are believed to result from its action on the chemoreceptor trigger zone in the brainstem.

3.0 Indications
   • Nausea and vomiting associated with:
     ▪ Gastroenteritis
     ▪ Biliary colic
     ▪ Medication side effects (chemotherapy, opioids, SSRIs)
   • Suspected migraine with or without nausea and vomiting

4.0 Contraindications
   • Known hypersensitivity
   • When stimulus of gastrointestinal motility might be dangerous (e.g. bowel obstruction or perforation)
   • Pheochromocytoma
   • Seizure disorder
   • Patients receiving medications that put them at risk for extrapyramidal reactions such as haloperidol and fluphenazine

5.0 Precautions
   • Recommended dose should not be exceeded as increased dosage will not improve clinical outcome
   • Use with caution if patient on CNS depressants
   • Use with caution in patients who have history of clinical depression

6.0 Route
   • May be given IV/IM/Subcut
   • Subcut is preferred in the palliative population

7.0 Dosage
   Adult
   • 10 mg IV/IM/Subcut; if choosing to administer via IV: 10 mg mixed in 100 mL normal saline run over 10 minutes.
   Pediatric
   • Not recommended for use in patients under the age of 18 unless specifically identified to be used in a written palliative care plan or special patient protocol.
8.0 **Supplied**
- 10 mg in 2 ml vial

9.0 **May Be Given By**
- CCP/ACP/ICP/PCP

10.0 **Adverse effects**
- Drowsiness, fatigue
- Insomnia, headache and dizziness
- Extrapyramidal symptoms such as dystonia, muscle rigidity, etc.
  - If signs of extrapyramidal reaction appear, consult the Clinical Support Paramedic and consider administering 25 mg IV/IM/Subcut diphenhydramine (subcut is preferred route in the palliative population)

11.0 **Special notes**
- Pregnancy category B if there is a clinical need for it. Category B drugs are considered safe to use.
- Adverse effects tend to abate when medication is discontinued
- Dimenhydrinate is the antiemetic of choice for nausea and vomiting associated with vertigo or motion sickness

12.0 **References**
- Palliative Care Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

*Electronically Signed
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