Common antiemetic drugs for initial management of acute nausea and vomiting in adults [NB1] [NB2]

Drug (class)	Indication	Precautions
5-HT_3–receptor antagonists		
ondansetron	general use particularly useful for nausea and vomiting associated with acute gastroenteritis	rapid intravenous administration can cause visual disturbance can cause headache, constipation and prolongation of the QT interval (dose-dependent effect); rarely associated with dystonic reactions
Dopamine antagonists		
droperidol (a butyrophenone)	limited use particularly useful for nausea and vomiting refractory to other antiemetics, opioid-induced nausea and vomiting, and anxious or agitated patients	can cause sedation and extrapyramidal adverse effects, including akathisia; avoid in Parkinson disease
metoclopramide (a benzamide)	general use particularly useful for nausea and vomiting associated with migraine or acute gastroenteritis	avoid use in patients younger than 20 years and older persons—acute dystonic reactions are more common in young adults and older persons [NB3] can cause extrapyramidal adverse effects—avoid in Parkinson disease can cause irreversible tardive dyskinesia [NB3][NB4] do not use for longer than 5 days avoid if stimulation of the gastrointestinal tract is dangerous (eg gastrointestinal obstruction or perforation)
prochlorperazine (a phenothiazine) [NB5]	general use particularly useful for nausea and vomiting associated with migraine, motion sickness or acute gastroenteritis	can cause sedation, prolongation of the QT interval and extrapyramidal adverse effects, including tardive dyskinesia and akathisia; avoid in Parkinson disease can have anticholinergic effects
Antihistamine		
promethazine hydrochloride (a phenothiazine) [NB5]	general use particularly useful for nausea and vomiting associated with motion sickness	can cause sedation, lower the seizure threshold and have anticholinergic effects can cause extrapyramidal adverse effects, including tardive dyskinesia; avoid in Parkinson disease avoid parenteral use because there is a risk of tissue necrosis; if an alternative antiemetic cannot be used and parenteral use is required, deep intramuscular injection can be use
Corticosteroid		
dexamethasone	limited use particularly useful for cytotoxic drug-induced nausea and vomiting, or nausea and vomiting caused by bowel obstruction or raised intracranial pressure	may cause mood or sleep disturbance; other adverse effects are unlikely with a single dose use with caution in sepsis, haematological malignancy and diabetes

NB1: Antiemetics in this table are recommended for short-term initial management only; the patient must be thoroughly assessed to determine the cause of symptoms. If long-term therapy is required, the patient should be considered to have chronic nausea and management should be specific to the cause of the nausea and vomiting (see 'Assessment of nausea and vomiting' for a list of common causes of chronic nausea).

NB2: Consider the patient's comorbidities before prescribing an antiemetic. See text for management of nausea and vomiting during pregnancy, postoperative nausea and vomiting in adults, drug- and radiation-induced nausea and vomiting in adults.

NB3: For more information, see the Australian Therapeutic Goods Administration (TGA) Medicines Safety Update <www.tga.gov.au/publication-issue/medicines-safety-update-volume-6-number-1-february-2015>.

NB4: Metoclopramide carries a risk of irreversible tardive dyskinesia. Patients using metoclopramide for a longer duration (more than 3 months) have an increased risk of tardive dyskinesia. While recent data show this risk is lower than previously estimated, the risk of tardive dyskinesia should be considered when starting therapy.

NB5: Phenothiazines block D_2-dopamine, M_1-muscarinic and H_1-histamine receptors to varying degrees.