

Table 4: Anti-emetics after failure of first line therapy Classification of chemotherapy drugs	Second line anti-emetic regimen
High risk (cisplatin based)	Discuss with Oncology Registrar. Options may include: <ul style="list-style-type: none"> • Increase dexamethasone dose to 12mg day 1 and 8mg days 2-4 • Continue ondansetron beyond day 1, cyclizine (50 mg TDS)
High risk (non-cisplatin based)	Consider: <ul style="list-style-type: none"> • Increase dexamethasone dose to 20 mg day 1 and 8mg days 2-4 (discuss with Consultant) • Switch metoclopramide to ondansetron (8 mg BD) OR cyclizine (50 mg TDS)
Moderate risk	Consider <ul style="list-style-type: none"> • Increase metoclopramide to 20 mg TDS* • As above for high risk (non-cisplatin based)
Low risk	Consider: <ul style="list-style-type: none"> • addition of dexamethasone post chemotherapy 2mg TDS for 3 days starting day after chemotherapy • addition of metoclopramide* 10 - 20 mg TDS for 3-5 days or ondansetron 8 mg BD for 3-5 days
Minimal risk	Consider: <ul style="list-style-type: none"> • give dexamethasone 8 mg pre-chemotherapy • post chemotherapy anti-emetics as above for low risk

Note:

Metoclopramide is licensed for adults aged 20 years and above at a dose of 10 mg three times daily. Use of metoclopramide at higher doses or in patients under 20 is considered 'off-label' and may be associated with a higher risk of extrapyramidal reactions. If administering IV fluids, off label doses may be infused along with the fluids to reduce the incidence of side effects.