

Clinical Practice Statement:

Should Antiemetics be given Prophylactically with Intravenous Opioids while Treating Acute Pain in the Emergency Department? (6/1/10)

Reviewed and approved by the AAEM Clinical Practice Committee.

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Parenteral opioids are the most common analgesics used in the Emergency Department for relief of acute pain. Gastrointestinal side effects such as nausea and vomiting are common following opioid analgesia in long-term therapy for malignant and chronic pain and are considered a limiting factor in effective pain therapy.¹ Despite clear and supporting evidence, it has been common practice to prophylactically use antiemetics when administering opioids in treating acute pain in the Emergency Department. The recent literature, although limited, is challenging this concept and advocating against the prophylactic administration of antiemetics in the ED, as the incidence of vomiting associated with opioid administration for acute pain is low. Given concerns for the additive sedative and extrapyramidal effects of many anti-emetics when co-administered with opioids, the routine use of prophylactic anti-emetics likely causes far more adverse effects relative to episodes of vomiting prevented. The existing

research is limited in terms of the antiemetics used (mostly metoclopramide) with the overall reported low incidence of nausea and vomiting after administration of opioid analgesics in the ED.

Conclusion

Antiemetics are not indicated for routine use with intravenous opioids in treating acute pain in the Emergency Department. Nausea and vomiting are infrequent after opioid use and the potential benefit from prophylactic antiemetics administration is small at best and outweighed by potentially undesirable additive sedation and extrapyramidal side effects.