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Medical Advisory

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DimenHYDRINATE (Gravol) for Patients 65 and Older

For: Paramedics certified by the RPPEO

Issue date: February 16, 2023

Effective date: February 16, 2023 until rescinded on April 12, 2023

Key message

Ondansetron (Zofran) is the preferred medication over dimenHYDRINATE (Gravol) to treat nausea / vomiting in patients 65 and older. Paramedics can consult (patch) a Base Hospital Physician (BHP) if they believe an antiemetic is indicated for patients 65 and older and ondansetron is not available.

Paramedics should:

- 1. If ondansetron is unavailable, assess the risks and benefits to the geriatric patient of dimenHYDRINATE administration, including consideration of a reduced dose (ex. 25mg).
- 2. Patch to a BHP for orders when the benefits of dimenHYDRINATE appear favoured.

Background

There appears to be a national shortage of ondansetron. Although ondansetron is preferred for symptom relief of nausea and vomiting in patients 65 and older, dimenHYDRINATE can be considered if the patient is assessed for risk factors for adverse events like sedation and delirium (for example history of cognitive impairment). There is growing evidence to suggest that higher doses of dimenHYDRINATE can cause sedation and delirium in elderly patients.

Paramedics should weigh the benefits of symptom relief versus the risk of sedation and delirium which can complicate the hospital assessment, delay diagnosis, cause discomfort for the patient and interact with other anticholinergic/sedating medications that the patient may be prescribed.

Delirium in-hospital is particularly important to bear in mind when the paramedic is considering co-administration of dimenhydrinate with opioids. Paramedics should consult a BHP when their benefit/risk assessment supports the use of dimenHYDRINATE or at any time to discuss treatment options. To reduce potential adverse events/side effects, paramedics should consider a reduced dimenHYDRINATE dose (for example, 25 mg).

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Richard Dionne MD CCFP-EM

Medical Director | Directeur Médical

Regional Paramedic Program for Eastern Ontario |

Programme Régional Préhospitalier de l'Est Ontarien Associate Professor | Professeur Agrégé

University of Ottawa | L'Université d'Ottawa

Emergency Physician | Médecin d'Urgence

The Ottawa Hospital | L'Hôpital d'Ottawa