REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

ondansetron

Effective Date: Dec 2012 **Revised Date:** Nov 7 2018 **Reviewed Date:**	CLASSIFICATION **Serotonin antagonist/anti-emetic**	OTHER NAMES **Zofran**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Bolus - May be administered by a nurse
IV Intermittent - May be administered by a nurse
IM Injection - May be administered by a nurse
Subcutaneous - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 2 mg/mL – 2 mL and 4 mL single use vials, 20 mL multidose vials

Health Canada restrictions on the method of IV administration (based on dose and age):

Doses of 8 mg or less	Doses greater than 8 mg
Age less than 65 year - IV push OR IV intermittent Age 65 year or older - IV intermittent ONLY	All ages - IV intermittent ONLY

IV Bolus (8 mg or less): Administer undiluted or diluted to 10 mL with normal saline and administer over 2 to 5 minutes

IV Intermittent: Dilute in 50 mL normal saline and administer over 15 to 30 minutes

IM/Subcutaneous: Administer undiluted

Maximum rate: 30 seconds (IV bolus) – ONLY for doses of 8 mg or less and patients less than 65 years old
15 minutes for IV intermittent

Maximum concentration: 2 mg/mL
Doses greater than 8 mg dilute in at least 50 mL (IV Intermittent)

DOSAGE:

Usual: Chemotherapy induced nausea and vomiting: 8 mg IV every 8 to 12 hours
Post-operative nausea and vomiting: 4 to 8 mg IV/IM every 8 to 12 hours

Maximum single INITIAL dose: 16 mg (for patients less than 75 years)
8 mg (for patients 75 years and older)

NOTE: For patients equal to or greater than 65 years of age SUBSEQUENT IV doses must not exceed 8 mg and may be given 4 and 8 hours after the initial dose.

Maximum daily dose: 24 mg Exception: For patients with severe liver disease, maximum 8 mg/day

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature
Compatibility: Compatible with D5W, normal saline, dextrose-saline solutions or Lactated Ringer

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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CNS: dizziness, headache, malaise/fatigue, drowsiness, anxiety
- GI: constipation, diarrhea, dry mouth
- Cardiac: tachycardia, angina, chest pain, arrhythmias, dose-dependent QT interval prolongation
- Hypersensitivity reactions: skin rash, facial edema, bronchospasm

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- No dosage reduction is necessary in renal impairment.
- Avoid ondansetron in patients with congenital long QT syndrome. Use cautiously in patients with CHF, bradyarrhythmias or medicines that can prolong QT interval. Correct hypokalemia, hypomagnesemia, and hypocalcemia prior to ondansetron administration