3.10 Standing Order for supply of Metoclopramide

TITLE	Standing order for Metoclopramide
Trade Name(s)	Maxolon; Pramin
Presentation [1]	**Tablets** containing 10mg **Parenteral solution** containing 5mg/mL, 2mL (Note: Some metoclopramide preparations contain a paracetamol combination – this Standing Order is for metoclopramide only. Other preparation combinations are not covered)
Indication	Relief of nausea and / or vomiting
Contraindications[1]	• Age < 20 years • Hx epilepsy • Previous reactions to metoclopramide (including dystonic reactions) • Impaired renal or hepatic function
Precautions[1]	Nil specific
Dose[1]	Adults ≥ 20 years • 10mg oral tablet / OR by intramuscular injection If patient weighs 30-60kg • 5mg oral tablet / OR by intramuscular injection
Dose frequency[1]	Can be given three times a day (every 8 hours)
Administration[1]	**To be administered in hospital only.** Oral tablet OR by intramuscular injection
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Dystonic type reactions (involuntary muscle contractions and abnormal postures of the trunk, neck, face, or extremities), akathisia, drowsiness, dizziness, headache.
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration
Related Documents	NDEC Nurse Management Guideline: Vomiting and Diarrhoea http://www.ecinsw.com.au/node/279

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health Facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration