ONDANSETRON (Zofran)

ACTION: Anti-Emetic

- Selective antagonism of the serotonin 5-HT_3 receptor resulting in decreased nausea and vomiting

INDICATIONS:

- Nausea and Vomiting

CONTRAINDICATIONS:

- History of hypersensitivity to similar drugs: Dolasetron (Anzemet), Granisetron (Kytril), or Palonosetron (Aloxi) or to ondansetron (Zofran).
- Taking Apomorphine (Apokyn, Ixense, Spontane, Uprima), an injectable drug for Parkinson's Disease, or rarely used for erectile dysfunction.
- Do not give oral tablet or solution to known phenylketonurics (contains phenylalanine).
- Patient has a prolonged QT interval (>440 ms in males or greater than 460 ms in females).

POTENTIAL SIDE EFFECTS

- Hypotension
- Dizziness
- Syncope
- Anaphylaxis
- QT prolongation
- Flushing
- Headache
- Rash
- Diarrhea

ADULT DOSE/ROUTE:

4 mg slow IVP/IM or 4mg tablet ODT (dissolved on the tongue). May repeat in 20min for continued nausea up to 8 mg.

PEDIATRIC DOSE/ROUTE:

ODT preferred for children if appropriate.

6 months – 12 years old or <40kg: 0.1mg/kg slow IVP/IO (max 4mg)

For patients greater than or equal to 8kg and less than 15 kg, give 2mg ODT (half tab).
For patients greater than or equal to 15kg, give 4mg ODT.
For patients < 8kg, defer ondansetron until evaluated by physician.

Greater than 12 years or >40kg: 4mg slow IVP/IO. May repeat in 20min for continued nausea up to 12mg.

NOTES:

- Should be administered IV over 2-5 minutes. Rapid administration has been associated with increased incidence of side effects including syncope.
- Oral disintegrating tablets (ODT's) can be placed on tongue and do not need to be chewed. Medication will dissolve and be swallowed with saliva.
- Ondansetron can be used in pregnancy and breast-feeding mothers (pregnancy class B).

Effective:04/01/2024
Supersedes: 11/01/17