

Anti-emetics					
Type	Drugs	MOA	AEs	Notes	
DA ⚡ Antag's SOA: CTZ & NST	Chlorpromazine Perphenazine Prochlorperazine Promethazine Metoclopramide - 5HT too Dromperidone	(Thorazine) (Trilafon) (Compazine) (Phenergan) (Reglan) (Motilium)	Prevents transmission of sensory info to VC. Sedative.	AEs: see antipsychotics (except tardive dys).	
Serotonin ⚡ Antag's SOA: Stomach & CTZ (5HT ₃)	Ondosetron Granisetron Dolesetron Palonosetron	(Zofran) (Kytril) (Anzemet) (Aloxi)	Serotonin ⚡ Antag's.	H/A, diarrhea, dizziness.	Revolutionized chemo treatment. New → \$\$\$ (x ondosetron). Can be used w/ Das.
Muscarinic/ Histamine ⚡ Antag's	Scopolamine patch - anti-M only Dimenhydrinate Diphenhydramine Hydroxyzine Meclizine	(Transderm/Sc_p) (Dramamine) (Benadryl) (Vistaril/Atarax) (Bonine/Antivert)			Both ⚡ involved in motion sickness → many motion drugs have anti-H ₁ and anti-M activity.
NK1 Antag's	Aprepitant	(Emend)	Block subP ⚡ (NK1) – located in sensory nerves in GI tract and in the brain.	Interacts w/ P450, some chemo drugs, but not other anti-emetics.	Chemo nausea
Cannabinoids SOA: Activate cann's ⚡ in NS.	Dronabinol–Sched III Nadilone– Sched II	(Marinol) (Cesamet)	Exact MOA unknown.	Tachycardia, hypotension.	Chemo nausea. Effect similar to marijuana; no abuse b/c slow onset & \$\$\$.
Benzodiazepines	Lorazepam	(Ativan)	Amnesiac; chemo pt forgets chemo associated vomiting.		Common for chemo pts w/ their anti-emetics.
Admin of anti-emetics – depends. Some PO, rectal, IV or IM					

Anti-Diarrheal's		
Opioids	Most effective (PO; low abuse potential b/c poorly absorbed & no systematic effects). Considered topical.	Diphenoxylate HCL w/ Atropine (Lomotil) (Musc Antag). MOA: Dries up secretions & slows GI motility (Atropine part).
		Loperamide (Imodium)
		Kaolin preparations – little evidence to support

Ulcer Treatment

Neutralize Acid	Neutralize Acid w/ antacids; quick acting. Maalox, Mylanta, Tums. MOA: Acid + base = Salt + Water		
Prevent Acid secretion	Prevent Acid secretion by ⊗ H ⁺ secretion into lumen via ⊗ the proton pump (protein).	H₂ (Histamine) ⚡Antag's: Histamine helps stimulate proton pump → ⊗ histamine receptors.	Cimetidine (Tagamet)* Ranitidine (Zantac), Famotidine (Pepcid), Nizatidine (Axid). *P450 inhibitor
		PPIs: prevents ALL acid secretion; most irreversible; bind covalently. Once daily; short half life. Enteric coated; drug reaches parietal cells via bloodstream. If N-G tube/gastrostomy, remove capsule. Immediate release & IV preps available.	Omeprazole (Prilosec), Esomeprazole (Nexium), Lansanoprazole (Prevacid). *E=O; O is OTC.

Constipation

Never give laxatives or enemas (except fiber agents or stool softeners) for daily control!

Laxatives	Drugs	AEs	Uses	MOA/Notes
Bulk-forming agents (fiber)	Methylcellulose, Psyllium (Metamucil), Polycarbophil.	Cramping, flatulence, mild diarrhea if large quant or just added.	Supplemental drug used if lack of fiber in diet.	Effect/Onset in 1-3 days.
Surfactant laxatives (stool softeners)	Docusate (Colace)	Diarrhea (if large quant)		Retain water in stool & ↑ sec of water in bowel.
Osmotic laxatives	Salt of Mg (milk of Mg), Polyethylene Glycol (w/ or w/o e-), Lactulose	Diarrhea (if large quant); small qaunt → semi-fluid stool.	Poly used for colonoscopy as bowel cleanser.	Hold water in stool.
Stimulant laxatives	Bisacodyl (Ducolax, Correctol), Senna, castor oil	May produce semisolid or watery stool.	Castor oil works at sm intest & colon → most effective.	Stim peristalsis & ↑ sec of water.

H. Pylori Infection Treatment

2-3 antibiotic combo for full 2 weeks. Include acid suppressive therapy too.

IBD

Immunosuppressive (-> similar to organ transplant tx).
Steriods also used for anti-inflamm & immunosupp. properties
AEs: You know

VC = vomiting center
X = except

\$\$\$ = expensive

NS = Nervous system (periphery and brain)
⚡ = receptors

e- = electrolytes
⊗ = blocking/inhibiting