

ONDANSETRON (ZOFRAN)

hyperemesis.org/zofran

Risks of malnutrition are greater than the risks of ondansetron. About half of patients will need medications to control symptoms beyond 20 weeks. Severe symptoms with inadequate treatment leads to prolonged and refractory disease.



- Half life is 3 to 6 hours so must dose at least every 6 hours.



- Prescribe on a strict schedule and NOT prn!
- Use alarm for overnight dose or give continuously.



- 4 mg every 3-6 hours
- 8 mg every 6 hours
- Maximum 32 mg/day
- Frequent or continuous dosing may be more effective.



- Headache common. Switch serotonin antagonists.
- Proactively prescribe daily stool softener + laxative prn. Constipation leads to treatment noncompliance.

PATIENT EDUCATION

- Take on a strict schedule.
- Helps with vomiting; not nausea.
- Taken with other HG meds.
- Start DAILY bowel regimen with 1st dose!!

TRY DIFFERENT ROUTES:

Tablet (oral)
ODT (oral or vaginal)
Compounded
Continuous Infusion
(Subcutaneous/IV)

IMPORTANT INFO

- Monitor for QT prolongation if at risk, low K+, multiple meds.
- Risk of serotonin syndrome if high dose antidepressants.
- More effective if combined with: multiple antiemetics + IV fluids + IV vitamins.
- If ineffective or not tolerated, consider granisetron PO, IV or transdermal. Add 1 PO/IV dose on first 2 days until steady state.
- Wean patients very slowly over 2 weeks when minimal symptoms and consistent healthy diet for 2+ weeks.



ZOFRAN SAFETY

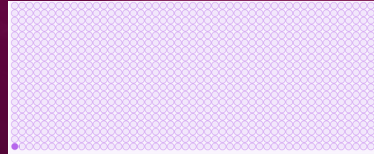
In this large, multicenter cohort study, there was no association between ondansetron exposure during pregnancy and increased risk of fetal death, spontaneous abortion, stillbirth, or major congenital malformations compared with exposure to other antiemetic drugs.”

—JAMA Network Open. 2021 Apr;4(4):e215329.



Aimee, MD: I have had both highly emetic chemotherapy and hyperemesis gravidarum, and the nausea and vomiting with hyperemesis are much worse.”

Zofran Exposure Research



ORAL CLEFTS - UNEXPOSED TO ZOFRAN
11/10,000 pregnancies



ORAL CLEFTS - EXPOSED TO ZOFRAN
14/10,000 pregnancies

Graphic of Huybrechts' data created by Brian Cleary PhD, Irish Medicines in Pregnancy Service, Rotunda Hospital/Royal College of Surgeons in Ireland.



**SUBCUTANEOUS
PUMP**

INFUSION DOSING

Subcutaneous: 8 mg loading dose, then 12-40 mg/day; wean slowly to PO when good intake for 2+ weeks.

Intravenous: 4-8 mg over 15 minutes q 6 hours or continuous infusion.

More info: Treatment Algorithm.



HG Treatment
Algorithm



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