Ondansetron (Zofran)

Indication(s): Nausea and vomiting associated with symptoms or treatment of Pain Management, Gastroenteritis, or Acute Mountain Sickness.

Contraindications: Hypersensitivity to ondansetron. Avoid ondansetron in patients with congenital long QT syndrome.

Precautions: Ondansetron is known to increase large bowel transit time, patients with signs of subacute intestinal obstruction should be monitored following administration. Ondansetron is not recommended in either pregnancy or breastfeeding.

Drug Interactions: Ondansetron causes QTc Prolongation. Be aware of cumulative risk when combining with other QTc prolonging agents (e.g. fluconazole) (Avoid if possible/Monitor). Theoretic increased risk for serotonin syndrome when used with other serotonergic drugs (e.g. SSRIs, SNRIs) (Monitor).

Adverse effects: (≥1%) Headache (11%); Constipation (4%); Rash (1%). (<1%) Weight gain and/or increased appetite (15%); dizziness (2–11%); flushing (2–8%); (2–7%); fatigue (4–6%); nausea (2–5%). (<1%) Sensations of flushing or warmth; tachycardia, angina (chest pain), bradycardia, hypotension, syncope and electrocardiographic alterations; Rare reports of seizures, blurred vision and dyskinesia.

Pharmacology: Ondansetron is a selective antagonist of the serotonin receptor subtype, 5-HT3. Its precise mode of action in the control of chemotherapy induced nausea and vomiting is not known. It's half-life after either an 8 mg oral or intravenous dose is approximately 3-4 hours.

Dosage and Administration:
Pain Management – Children: Ondansetron 2 to 4mg PO or 0.1mg/kg IV, q 8hr prn. Adults: Ondansetron 8mg PO/IV/IM q 8hr prn.

Gastroenteritis – Ondansetron 8mg PO/IV/IM q 8hr prn.
Acute Mountain Sickness – 4mgIV/IM or 8mg PO BID for nausea.