

Answer Questions About Redosing Meds After Vomiting

Nurses will ask you if patients should retake an oral med after vomiting.

Consider timing...of the med dose and vomiting...especially if guidance isn't in the labeling.

Suggest redosing if vomiting occurs within about 15 minutes of the dose...or if the intact drug is in the vomitus.

But redosing isn't usually needed if the dose was over an hour ago.

Individualize the plan if vomiting occurs 15 to 60 minutes after a dose...it's a gray area.

Lean toward redosing when the consequences of a missed dose outweigh the risk of getting an extra dose.

For example, redose meds for hep C, HIV, and acute infections.

When redosing a med, check to see if it can be taken with food...to limit GI upset. Or suggest an antiemetic (ondansetron, etc) if needed.

If a patient continues to vomit after taking a certain med, evaluate whether changing the route of administration...or the med...is an option.

Avoid redosing in most other cases, especially if an extra dose could be toxic...or a missed dose isn't likely to change outcomes.

For example, don't typically redose narrow therapeutic index drugs, such as anticoagulants or phenytoin...unless the patient has a subtherapeutic level.

In general, don't redose sublingual or buccal meds...since these are absorbed through the oral mucosa.

Work with specialist prescribers for help with cancer meds, transplant immunosuppressants, etc. Extra monitoring may be needed.

Keep our Redosing Oral Medications After Vomiting algorithm handy for step-by-step guidance.

Key References:

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