

**ONDANSETRON**

<b>Trade Name</b>	Dr Reddys Ondansetron®.
<b>Class</b>	Ondansetron is a selective 5HT3 receptor antagonist
<b>Mechanism of Action</b>	Ondansetron blocks serotonin activity on peripheral vagal nerve terminals and in the chemoreceptor trigger zone of the central nervous system.
<b>Indications</b>	Prevention and treatment of nausea and vomiting following exposure to highly emetic stimuli (surgery or chemotherapy)
<b>Contraindications</b>	Hypersensitivity to 5HT3 receptor antagonists Long Q-T syndrome Ondansetron wafers contain aspartame, use with caution in patients with phenylketonuria. A dose reduction may be required in patients with liver impairment. <b>Warning:</b> Ondansetron injection contains large amounts of benzyl alcohol which has been associated with neonatal “gaspings syndrome”. At the current time ondansetron injection is not recommended for use in the neonatal unit at CWH.
<b>Supplied As</b>	Dispersible Tablets (Wafers) 4mg (8mg wafers and 4mg and 8mg tablets are also available)
<b>Dilution</b>	Dissolve one 4mg wafer in 4mL of water to give 1mg/mL
<b>Dosage</b>	0.1 – 0.2mg/kg/dose
<b>Interval</b>	6 to 12 hourly
<b>Administration</b>	Oral
<b>Compatible With</b>	Do not mix with any other medication prior to administration.
<b>Incompatible With</b>	N/A
<b>Monitoring</b>	Routine electrolytes (note low potassium levels may increase risk of Q-T prolongation)
<b>Stability</b>	Prepare immediately before use and discard the remainder
<b>Storage</b>	Store tablets/wafers below 30° Celsius Protect from moisture and light
<b>Adverse Reactions</b>	Constipation, headache, hypotension, flushing, arrhythmias, drowsiness, dry mouth, hiccups, tremor, ataxia, bronchospasm, dry mouth, transient rise in liver enzymes.

<b>Metabolism</b>	Ondansetron undergoes extensive first pass metabolism Bioavailability of oral preparation is 50 – 70% Half life in infants 1 -4 months old is approximately 6 – 7 hours Half life in children 5 months – 12 years is approximately 3 hours
<b>Interactions</b>	Effects of ondansetron may be decreased by phenobarbitone and other CYP3A4/5 inducers. Effects of ondansetron increased by p-glycoprotein inhibitors eg cyclosporin, grapefruit juice, itraconazole
<b>Comments</b>	N/A
<b>References</b>	<ol style="list-style-type: none"> <li>1. BNF for children 2009</li> <li>2. Paediatric Dosage Handbook Taketomo et al 16<sup>th</sup> Ed 2009.</li> <li>3. Drug Doses Frank Shann RCH Melbourne Australia 14<sup>th</sup> Edition 2008.</li> <li>4. <a href="http://www.medsafe.govt.nz">www.medsafe.govt.nz</a></li> <li>5. <a href="http://www.nzf.org.nz">www.nzf.org.nz</a></li> </ol>
<b>Updated By</b>	A Lynn and B Robertshawe Dec 2010 A Lynn, B Robertshawe Dec 2012 (re-order profile) A Lynn, B Robertshawe March 2022 (routine review, interactions update)