Metoclopramide Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- Metoclopramide is indicated for **short term use** in adults in the prevention and treatment of nausea and vomiting, including that associated with **chemotherapy, radiotherapy,surgery and migraine.**
- Metoclopramide should only be prescribed for **short-term use** only (48 hours for post-op nausea and vomiting and 5 days for chemotherapy induced nausea and vomiting)
- **Change to oral route as soon as possible.**
- Intravenous doses should be administered as a **slow bolus (at least over 3 minutes)** to minimise the risk of occurrence of adverse reactions,including cardiovascular reactions.
- The **maximum dose is 30mg (or 0.5 mg per kg** body weight) in 24 hours
- Given very rare reports of serious cardiovascular events (eg circulatory collapse, severe bradycardia, cardiac arrest and QT prolongation), especially when the drug is given via the IV route, **special care should be taken with at-risk populations** including: the elderly, patients with cardiac conduction disturbances (including QT prolongation), those taking other drugs known to prolong QT interval, uncorrected electrolyte imbalance and bradycardia
- See under 'Dose' for dosage adjustments required in **renal impairment**

Available preparations

Metoclopramide 10mg per 2ml ampoule

Reconstitution

Already in solution

Draw up using a 5 micron filter needle

Infusion fluids

Not required - product ready for infusion

Methods of intravenous administration

Slow intravenous injection

Administer over at least three minutes

Dose in adults

Prevention of post-operative nausea and vomiting

- A single dose of 10mg is recommended

Symptomatic treatment of nausea and vomiting, including acute migraine induced nausea and vomiting, and for the prevention of radiotherapy induced nausea and vomiting:

- Single dose of 10mg is recommended, repeated up to three times daily
- The maximum **daily dose** is 30mg or 0.5mg/kg
- Treatment should be switched to the oral route as soon as possible

Gastrointestinal stasis

- For use in Critical Care- see local guideline

Hepatic impairment

- Reduce dose by 50%

Renal impairment

- Increased risk of extrapyramidal adverse reactions [ref 1]
- The following is the recommendation from the manufacturer. However the renal drug database suggests that no dose reduction is required in renal impairment

Creatinine clearance less than 15	Reduce dose by 75%
Creatinine clearance 15 to 60	Reduce dose by 50%

Storage

Store below 25^{0}C

References

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1. Renal drug database- accessed online 05/02/2025

Therapeutic classification

Drug used in the treatment of nausea and vomiting

Search synonym: Maxolon