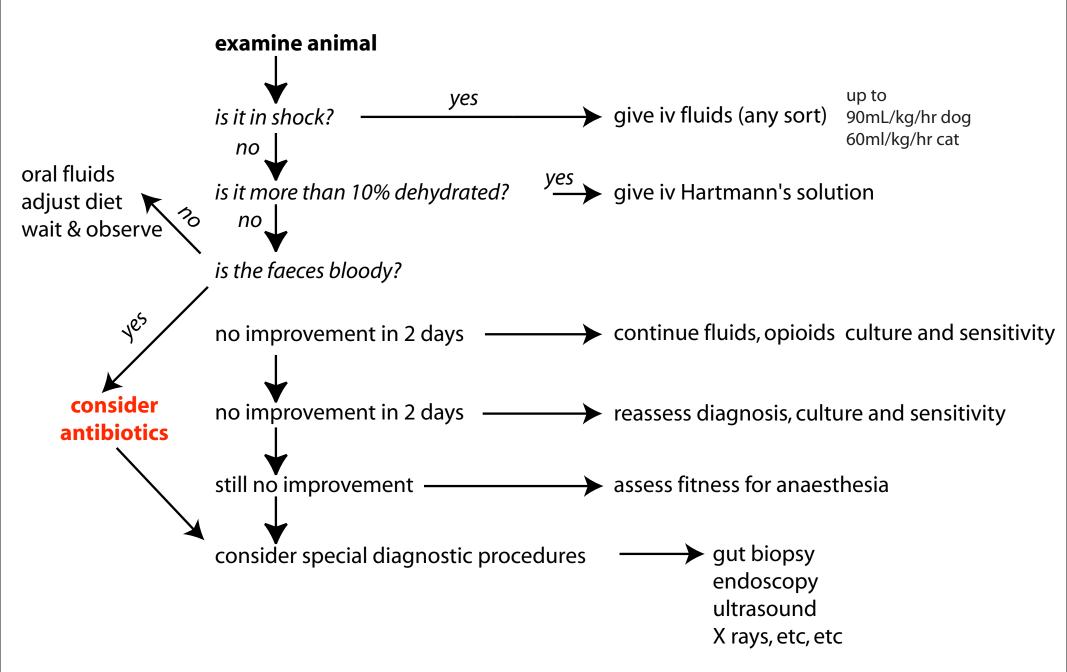
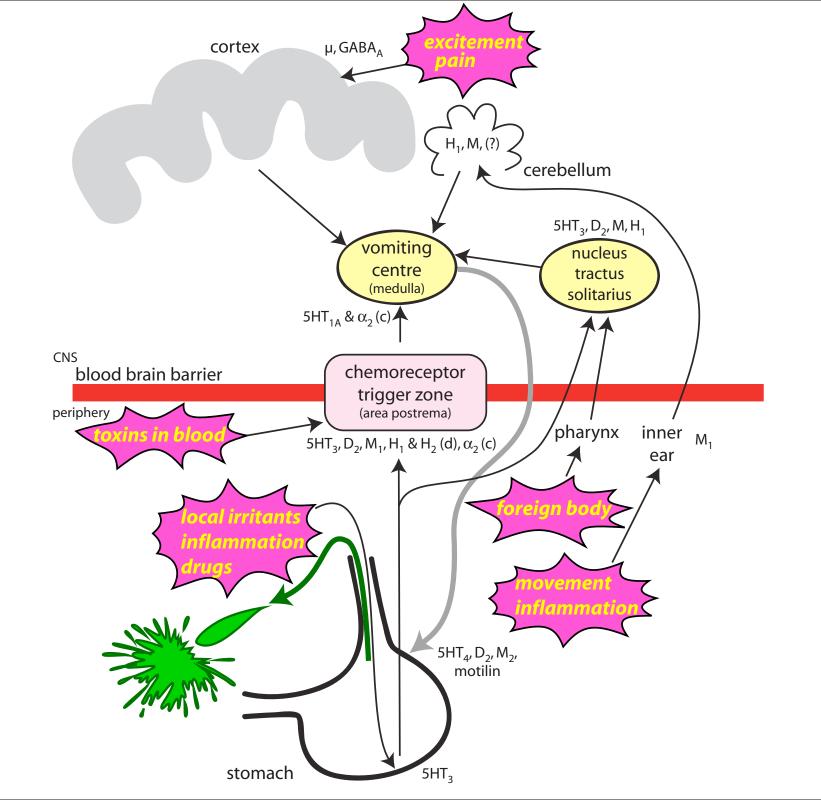




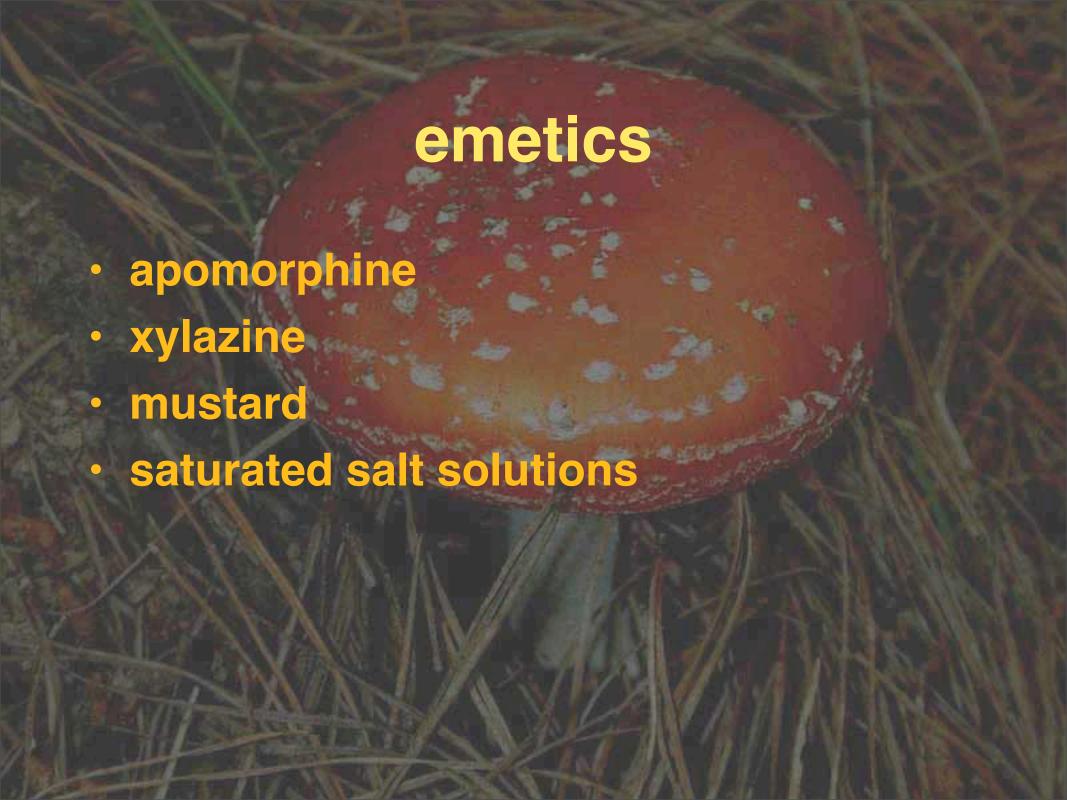
my approach



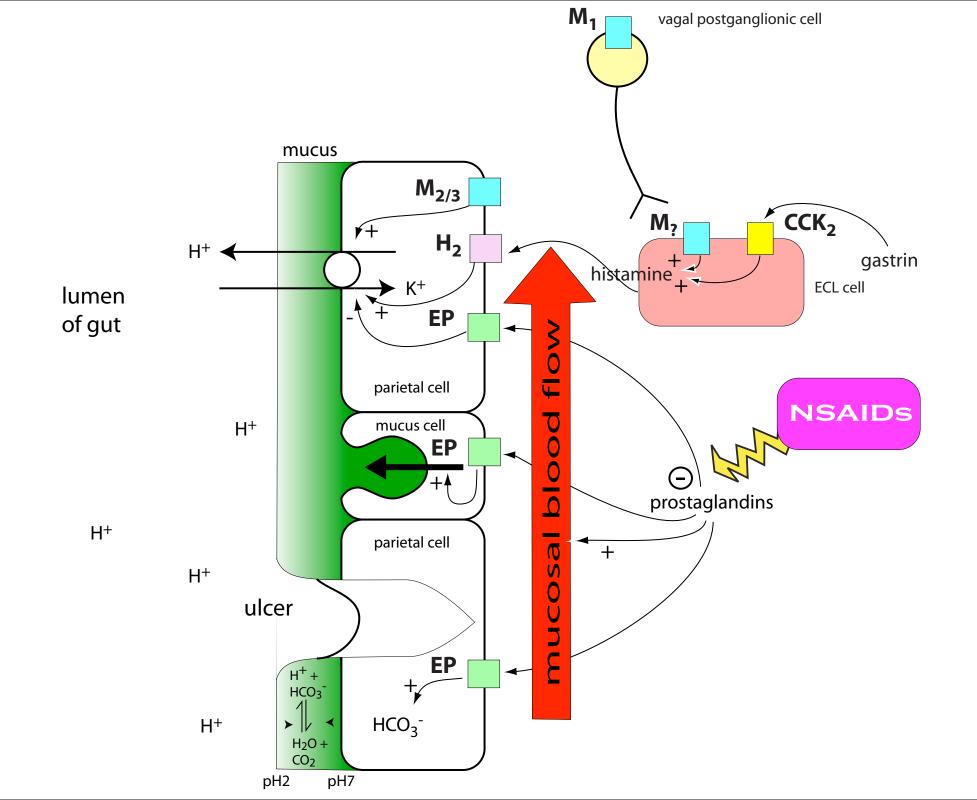


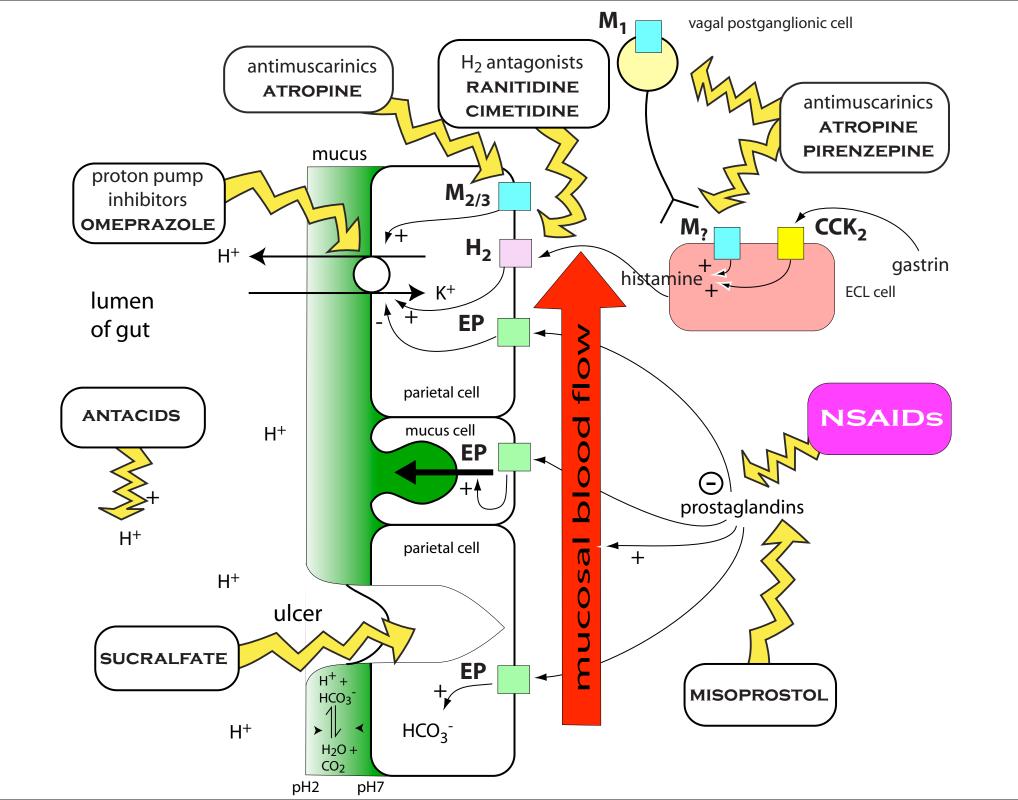
anti-emetics

- phenothiazines
 - perchlorphenazine
- dopamine antagonists
 - metaclopramide
 - droperidol
- 5HT3 antagonists
 - ondansetron
- (antihistamines)
- (anticholinergics)

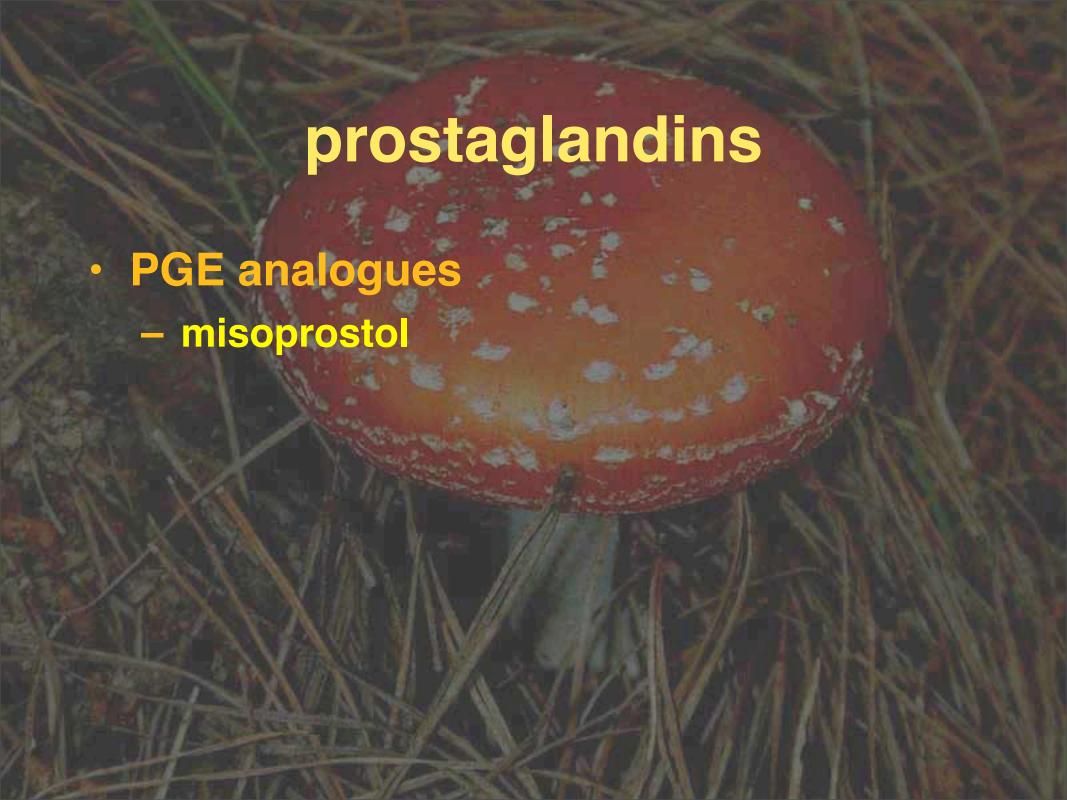




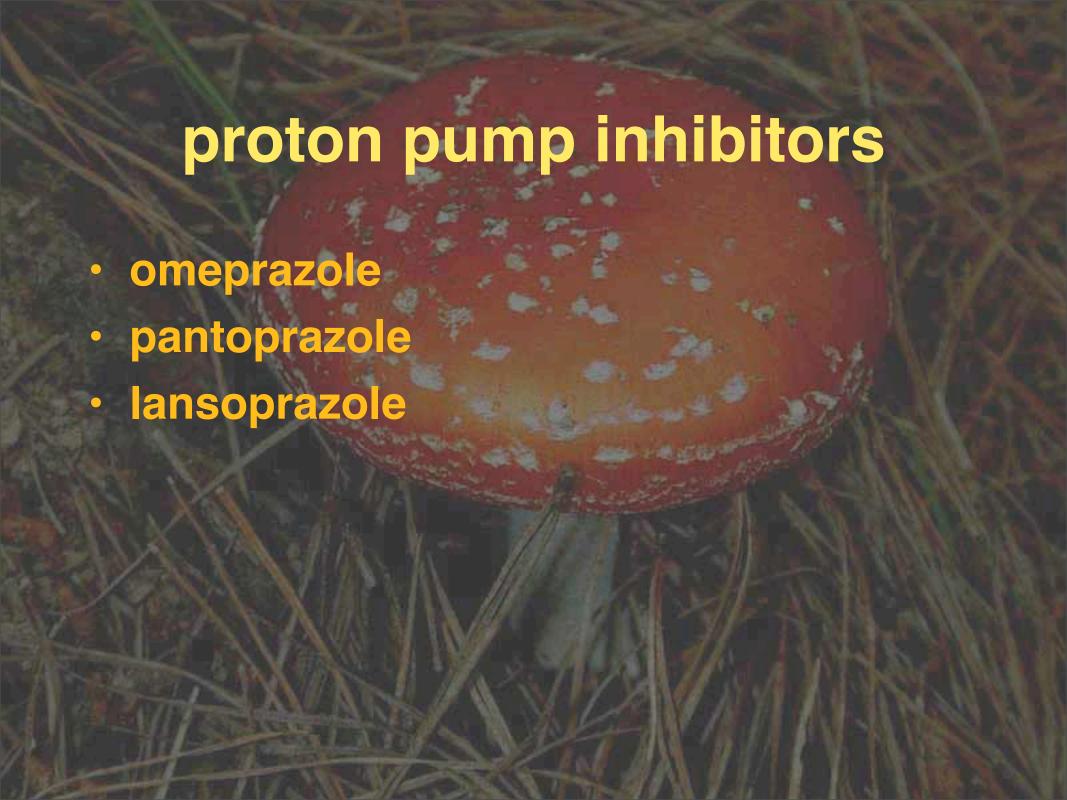


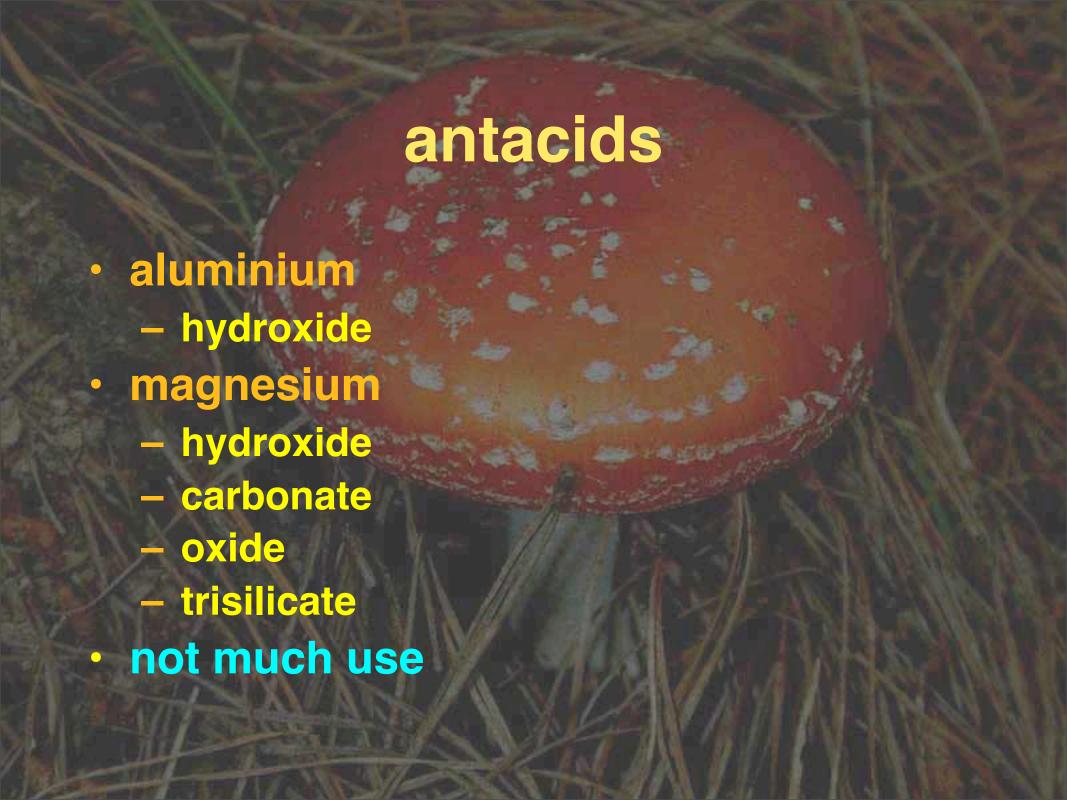




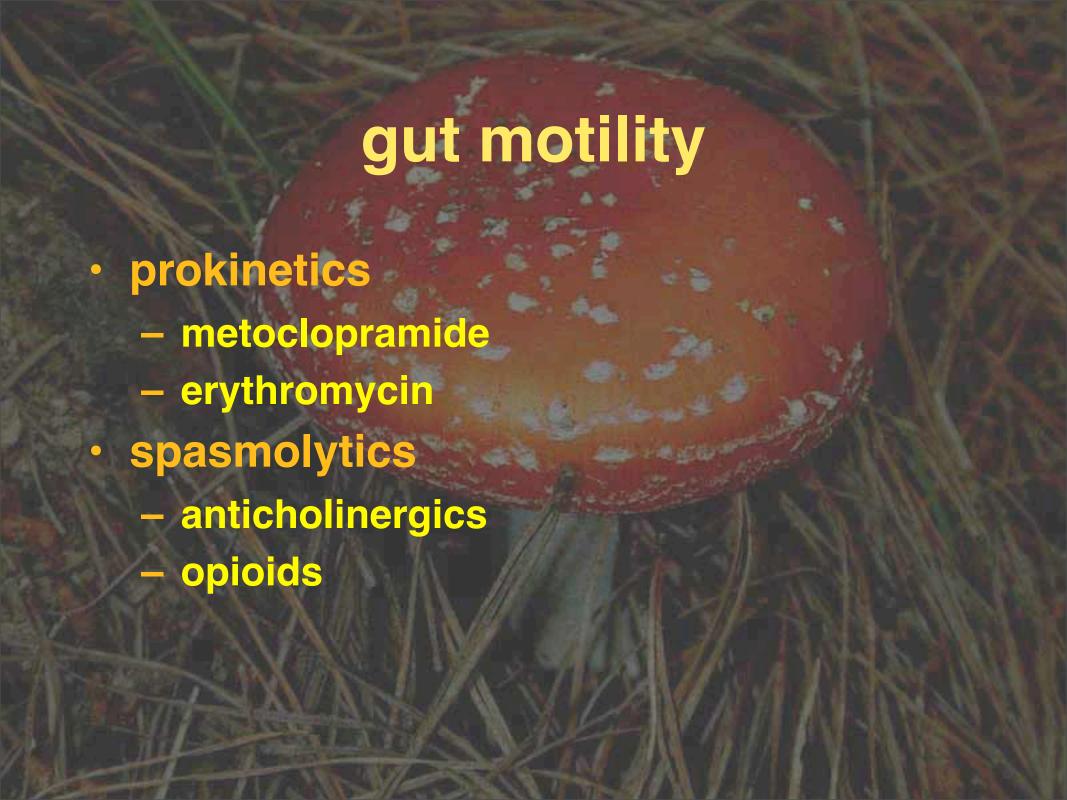




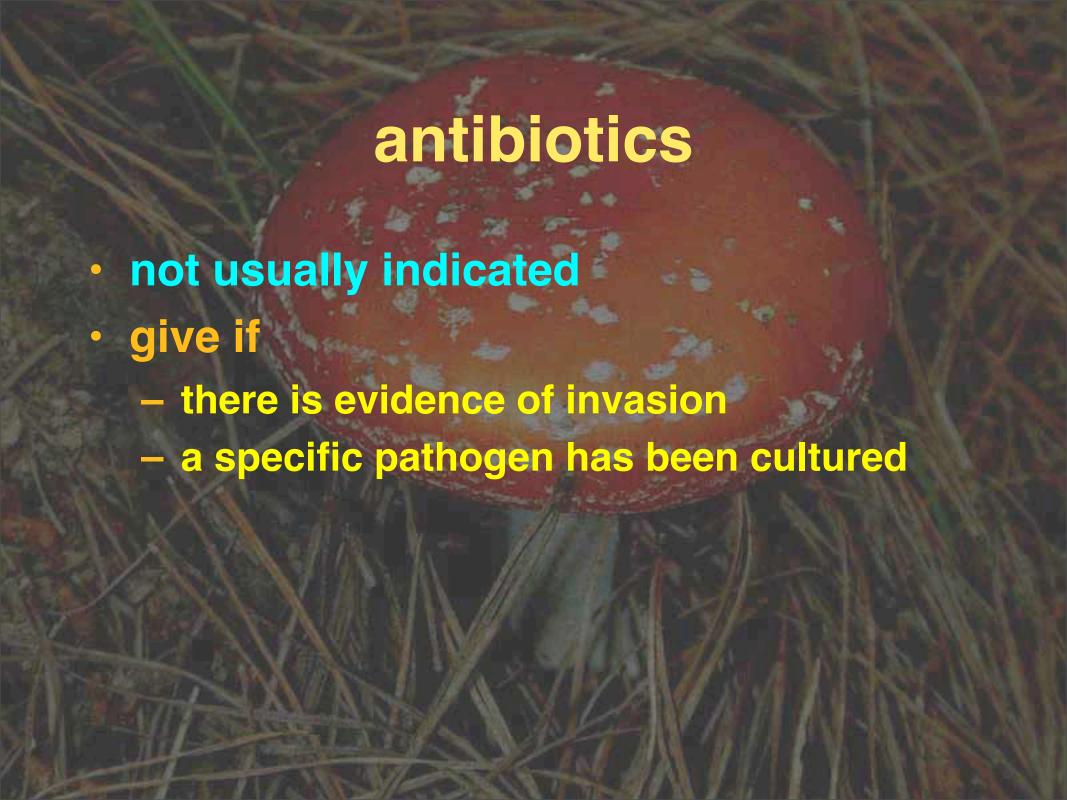




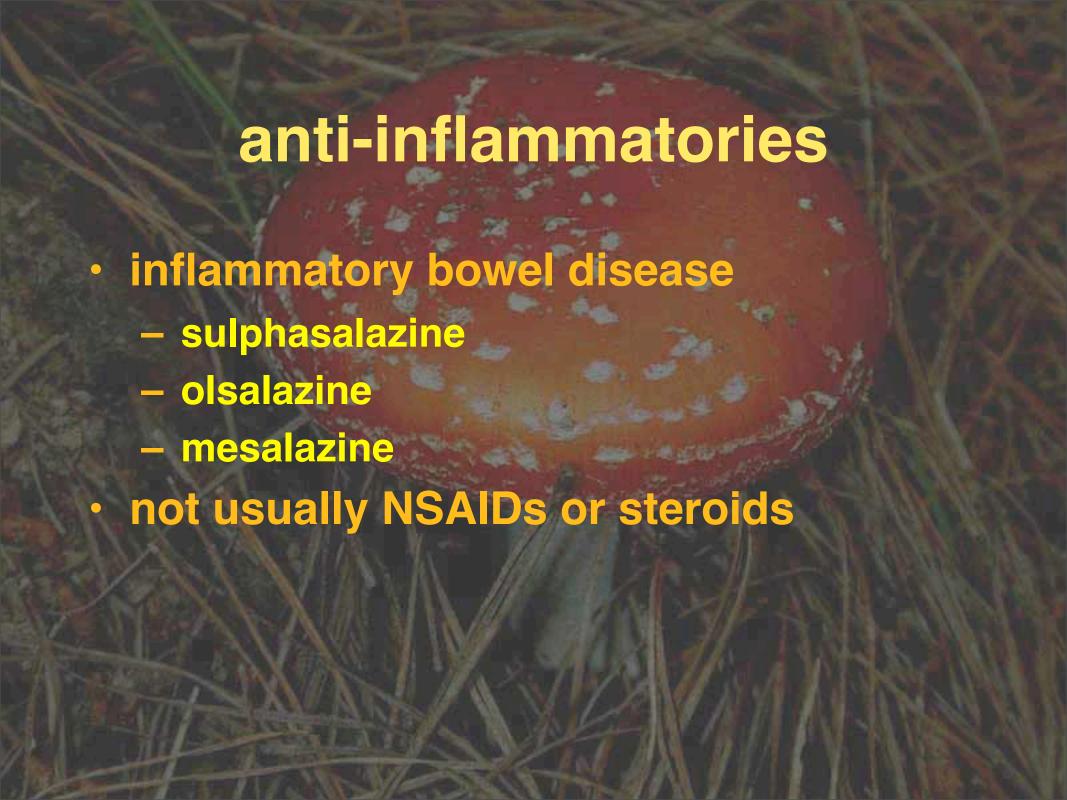


















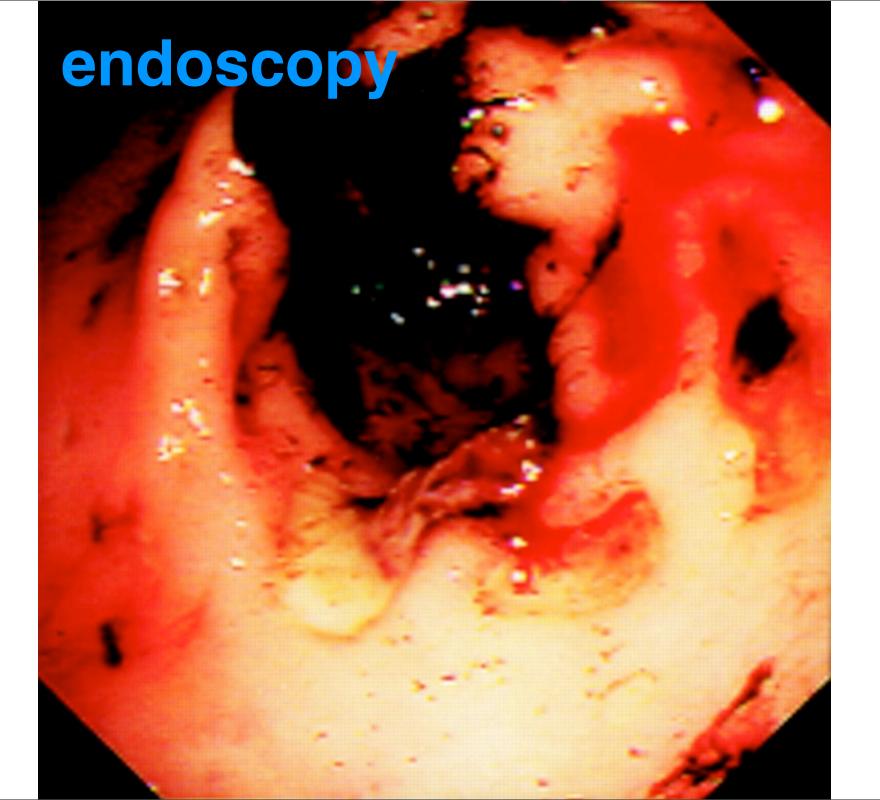
















the gut

- treatment of diarrhoea give fluids po if possible, iv if not, then possibly opioids
- do NOT give antibiotics unless bacteria are invading mucosa - they often cause diarrhoea
- vomiting iv fluids, anti-emetics only for persistent vomiting
- ulcers H2 blockers, proton pump inhibitors or sucralfate - not antascids or NSAIDs
- ileus metaclopramide or erythromycin
- colitis sulphasalazine