This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Cyclizine lactate

Legal status (GSL, P or POM on exemption list, or PGD)	▪ POM - midwife may supply as medicine is on midwives exemptions list
Patient group	Women in labour receiving opioids such as diamorphine.
Clinical indication	Prevention of nausea and vomiting associated with use of diamorphine or other opioids/opiate during labour.
Pharmacology (Onset and duration of action where appropriate)	It is a histamine (H_1) receptor antagonist that also possesses anticholinergic and antiemetic properties. The mechanism of antiemetic action is unknown. It increases lower oesophageal sphincter tone and reduces sensitivity of the labyrinthine apparatus and inhibits the emetic centre. It produces its antiemetic effect within two hours of use and the effect lasts for about four hours.
Pharmaceutical form, strength, route of administration	Injection contains cyclizine lactate 50mg in 1ml. For intramuscular injection.
Dose, frequency and maximum number of doses or period of time for administration or supply	50 mg by IM injection. Minimum interval of 8 hours between doses. Maximum 2 doses 8 hours apart
Contra-indications/exclusion criteria	▪ known hypersensitivity to cyclizine ▪ avoid in porphyria
Cautions and action that will be taken if a caution applies	▪ glaucoma, urinary retention, obstructive disease of the gastrointestinal tract, hepatic disease, epilepsy, hypertension and severe heart failure ▪ dosage reduction may be necessary in renal impairment ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record

Cyclizine lactate	
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	▪ additive effect with CNS depressants including alcohol - may enhance side effects of other anticholinergic drugs ▪ enhances the soporific effect of pethidine May mask warning signs of potential ototoxic drugs. ▪ If there is a *clinically significant* drug interaction consult with a doctor before administration or supply ▪ document consultation in maternity record ▪ refer to current BNF for latest information on interactions
Potential adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected	▪ *urticaria, rash, drowsiness, headache, dryness of the mouth, nose and throat, blurred vision, tachycardia, urinary retention, constipation, restlessness, nervousness, insomnia and auditory and visual hallucinations, particularly when dosage recommendations have been exceeded* ▪ *rarely dystonia, dyskinesia, extrapyramidal motor disturbances, tremor, twitching, muscle spasms, convulsions, disorientation, dizziness, decreased consciousness , transient speech disorders, hypertension, paraesthesia and cholestatic hepatitis* ▪ *hypersensitivity reactions include anaphylaxis, angioedema, allergic skin reactions and bronchospasm - cholestatic jaundice is rare* ▪ *there have also been a few reports of fixed drug eruption, apnoea, generalised chorea, hypersensitivity hepatitis, hepatic dysfunction, agranulocytosis and injection site reactions such as vein tracking, erythema, pain and thrombophlebitis* ▪ *on labour* *Nil* ▪ *on the neonate* *Nil* ▪ *on breast feeding* With large doses or more prolonged use may cause effects in the infant or decrease the milk supply. ▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/*
Overdose	▪ symptoms include dry mouth, nose and throat, blurred vision, tachycardia and urinary retention ▪ central nervous system effects include drowsiness, dizziness, inco-ordination, ataxia, weakness, hyperexcitability, disorientation, impaired judgement, hallucinations, hyperkinesia, extrapyramidal motor disturbances, convulsions, hyperpyrexia and respiratory depression ▪ immediate assessment/treatment is essential - refer to medical staff ▪ manage in accordance with established treatment guidelines ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record
Additional advice and information	▪ advise to contact midwife/GP if condition worsens or symptoms persist ▪ supply the manufacturer's patient information leaflet

Cyclizine lactate	
Patient monitoring arrangements during and after treatment and follow-up required	If more than two doses are required, the woman must be referred to doctor/GP.
Particular storage requirements	-

References

1. SPC Cyclizine lactate 50mg/ml injection text revision 6.8.2018. Accessed 16.12.2019 at http://www.medicines.org.uk
2. http://www.bnf.org
3. Lactmed. Cyclizine monograph. Accessed online at https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm