

Prokinetic retrospective case series

Record ID

Centre

- ☐ TAHMU
☐ WAVES

Year

- ☐ 2018
☐ 2023

Patient ID - CStone or Rx

First Name

Date of birth

Date of first prokinetic administration

Age (calculated - months)

Sex

- ☐ Male Entire
☐ Female Entire
☐ Male Neutered
☐ Female Speyed

Breed

- ☐ Mixed
- ☐ Afghan Hound
- ☐ Airedale terrier
- ☐ Alaskan malamute
- ☐ American Bull Terrier
- ☐ American Bulldog
- ☐ Australian Cattle Dog/Blue Heeler
- ☐ Australian Kelpie
- ☐ Australian Shepherd
- ☐ Basset Hound
- ☐ Beagle
- ☐ Belgian Malinois
- ☐ Bernese Mountain dog
- ☐ Bichon Frise
- ☐ Blue Heeler
- ☐ Border Collie
- ☐ Boxer
- ☐ British Bulldog
- ☐ Bull Arab
- ☐ Bull Terrier
- ☐ Cairn Terrier
- ☐ Cavalier King Charles Spaniel
- ☐ Chihuahua
- ☐ Cocker Spaniel
- ☐ Corgi
- ☐ Coton de Tulear
- ☐ Daschund
- ☐ Dalmatian
- ☐ Doberman
- ☐ Dogue De Bordeaux
- ☐ English bulldog
- ☐ English Springer Spaniel
- ☐ Flat Coated Retriever
- ☐ Fox Terrier
- ☐ French Bulldog
- ☐ German Shephard
- ☐ German shorthaired pointer
- ☐ Golden Retriever
- ☐ Great Dane
- ☐ Greyhound
- ☐ Husky
- ☐ Irish Terrier
- ☐ Italian greyhound
- ☐ Jack Russell Terrier
- ☐ Japanese Spitz
- ☐ Kelpie
- ☐ Labrador Retriever
- ☐ Lagotto
- ☐ Leonberger
- ☐ Lhasa Apso
- ☐ Maltese
- ☐ Maremma Sheepdog
- ☐ Mastiff
- ☐ Miniature Daschund
- ☐ Miniature Schnauzer
- ☐ Papillon
- ☐ Parson Russell Terrier
- ☐ Pomeranian
- ☐ Pug
- ☐ Rhodesian Ridgeback
- ☐ Rottweiler
- ☐ Saluki
- ☐ Samoyed
- ☐ Shiba Inu
- ☐ Shih Tzu
- ☐ Siberian Husky
- ☐ Staffordshire Bull Terrier
- ☐ Standard Poodle
- ☐ Standard Schnauzer

- ☐ Toy Poodle
- ☐ West Highland White Terrier
- ☐ Whippet

Recorded bodyweight (kg)

Clinical Signs /PE findings prior to starting
prokinetic
(Select where present)

- ☐ Diarrhea
- ☐ Abdominal pain
- ☐ Inappetence
- ☐ None of the above

What happened to the diarrhoea after starting
prokinetic?

- ☐ Improved
- ☐ Worsened
- ☐ Stayed the same
- ☐ Unclear from the medical record

Did diarrhoea develop after starting the prokinetic

- ☐ Yes
- ☐ No

Diagnosis

- ☐ Primary GI (Acute vomiting and/or diarrhoea, no definitive diagnosis)
- ☐ Primary GI (Diaphragmatic hernia and GI entrapment)
- ☐ Primary GI (Infectious)
- ☐ Primary GI (Inflammatory)
- ☐ Primary GI (Food bloat)
- ☐ Primary GI (Foreign body)
- ☐ Primary GI (Gastric dilation and volvulus)
- ☐ Primary GI (Hiatal hernia)
- ☐ Primary GI (intestinal torsion)
- ☐ Primary GI (Neoplasia)
- ☐ Primary GI (Gastroesophageal reflux disease)
- ☐ Snake envenomation
- ☐ Toxicity
- ☐ Extra GI (Endocrine - hypoadrenocorticism, hypothyroidism)
- ☐ Extra GI (Genitourinary)
- ☐ Extra GI (Hepatic)
- ☐ Extra GI (Respiratory)
- ☐ Extra GI (Renal)
- ☐ Extra GI (Thromboembolic disease)
- ☐ Extra GI (Neoplasia)
- ☐ Anaphylaxis
- ☐ Megaesophagus
- ☐ Pancreatitis
- ☐ Esophagitis
- ☐ Sepsis of GI origin
- ☐ Sepsis of non-GI origin (eg. pneumonia)
- ☐ Septic peritonitis
- ☐ Tracheal foreign body
- ☐ Trauma - hbc
- ☐ Neuro - CNS disease
- ☐ Ileus post heat stress/ shock
- ☐ BOAS surgery
- ☐ Retrobulbar abscess
- ☐ Thermal burn(s)
- ☐ Left sided congestive heart failure (LCHF)
- ☐ IMHA
- ☐ Dog fight wound
- ☐ Snake envenomation
- ☐ Vestibular disease from middle ear infection
- ☐ Unclear from medical record

Reason for starting prokinetic

- ☐ Imaging diagnosis of ileus (FAST, abdominal ultrasound)
- ☐ Clinical signs - regurgitation
- ☐ Clinical signs - vomiting
- ☐ Intolerance of enteral feeding
- ☐ Unknown
- ☐ Prophylactic for BOAS (without history of regurgitation)
- ☐ BOAS with regurgitation history
- ☐ Prophylactic for enteral feeding
- ☐ Prophylactic post abdominal surgery

Select the injectable prokinetic(s) used:

- ☐ Metoclopramide only
- ☐ Erythromycin only
- ☐ Metoclopramide and erythromycin

Was a culture obtained within 3 months after commencing injectable erythromycin?

- ☐ Yes
- ☐ No

Upload C&S results
(if multiple put in zip file and upload)

Which drug was prescribed first?

- ☐ Metoclopramide first
☐ Erythromycin first
☐ Both drugs prescribed at the same time
☐ Unable to discern from the medical records
-

Which department prescribed the first prokinetic?

- ☐ ECC
☐ Medicine
☐ Surgery
☐ Other
☐ Unclear from the medical record
-

Erythromycin frequency

- ☐ IV every 6 hours
☐ IV every 8 hours
☐ Another dosing frequency
☐ IV once only
-

Metoclopramide frequency / dosing

- ☐ IV every 6 hours
☐ IV every 8 hours
☐ IV as CRI after an initial bolus
☐ IV as CRI without an initial bolus
☐ IV once only
☐ IV at another dosing frequency
-

Erythromycin - initial daily dose (mg/kg)

Erythromycin - MAX daily dose (mg/kg)

Metoclopramide - initial daily dose (mg/kg)

Metoclopramide - MAX daily dose (mg/kg)

Erythromycin - Duration of injectable therapy

- ☐ less than or equal to 24 hours
☐ 24 to 48 hours
☐ 48 to 72 hours
☐ more than 72 hours
-

Metoclopramide - Duration of injectable therapy

- ☐ less than or equal to 24 hours
☐ 24 to 48 hours
☐ 48 to 72 hours
☐ more than 72 hours
-

Was oral erythromycin given at any time ? (including
to go home with)

- ☐ Yes
☐ No
-

Was oral metoclopramide given at any time ? (including
to go home with)

- ☐ Yes
☐ No
-

Was there any side effects associated with
erythromycin/ metoclopramide usage?

- ☐ Yes
☐ No
-

Describe the side effects and prokinetic used

Risk factors for ileus

- ☐ SIRS
- ☐ Sepsis
- ☐ Drugs - opioids
- ☐ Ischemia
- ☐ Hypoxia (low SpO₂, PaO₂, or given O₂ supplementation)
- ☐ Abdominal surgery
- ☐ IV fluid bolus (suggestive of hypovolemia)
- ☐ IV fluid rate > maintenance (suggestive of dehydration / ongoing losses)
- ☐ IV KCl or PO K supplementation (suggestive of hypokalemia)
- ☐ IV calcium gluconate supplementation
- ☐ Vasopressor(s)
- ☐ Other - Electrolyte abnormalities
- ☐ Endocrine disease - hypothyroidism
- ☐ General anesthesia
- ☐ Hypotension during general anesthesia (MAP < 65mmHg)
- ☐ Mechanical ventilation for ICU
- ☐ Nil identifiable risk factor
- ☐ Other

Other GI medications?

- ☐ Maropitant
- ☐ Ondansetron
- ☐ Proton pump inhibitor
- ☐ H₂ receptor antagonist (eg. famotidine)
- ☐ Sucralfate
- ☐ Barium (for the purpose of treating GI ulcers)
- ☐ Cisapride
- ☐ Peptobismol
- ☐ Probiotic (eg. prokolin)
- ☐ Other
- ☐ None

Aspiration pneumonia
(antimicrobials +/- oxygen therapy)

- ☐ Before prokinetic administration
- ☐ After prokinetic administration
- ☐ Nil aspiration pneumonia

Was a feeding tube / what feeding tube in place at any time during hospitalisation?
(tick all that apply)

- ☐ NO tube
- ☐ NG tube
- ☐ Oesophagostomy tube
- ☐ PEG / G tube
- ☐ No feeding tube

Where gastric residual volumes reported in the medical record?

- ☐ Yes
- ☐ No

Outcome

- ☐ Discharged home
- ☐ Discharged to another veterinarian
- ☐ Discharged AMA
- ☐ Discharged for imminent euthanasia
- ☐ Discharged for home trial
- ☐ Natural death
- ☐ Euthanised