

# Prokinetic retrospective case series

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Record ID

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Centre

- TAHMU  
 WAVES

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Year

- 2018  
 2023

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Patient ID - CStone or Rx

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First Name

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Date of birth

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Date of first prokinetic administration

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Age (calculated - months)

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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

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Recorded bodyweight (kg)

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

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

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What happened to the diarrhoea after starting prokinetic?

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

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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)

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Erythromycin - MAX daily dose (mg/kg)

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Metoclopramide - initial daily dose (mg/kg)

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Metoclopramide - MAX daily dose (mg/kg)

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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 SpO<sub>2</sub>, PaO<sub>2</sub>, or given O<sub>2</sub> 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
- H<sub>2</sub> 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