Ondansetron is currently used for nausea and/or vomiting primarily in a hospital setting. Currently there are no studies that examine the use of ondansetron in an outpatient setting and physician prescribing practices. With a new black box warning of QTc prolongation there are no studies that study how this impacted the use of ondansetron among physicians and its use in the outpatient setting.

INTRODUCTION
Ondansetron is currently used for nausea and/or vomiting primarily in a hospital setting. Currently there are no studies that examine the use of ondansetron in an outpatient setting and physician prescribing practices. With a new black box warning of QTc prolongation there are no studies that study how this impacted the use of ondansetron among physicians and its use in the outpatient setting.

OBJECTIVES
To evaluate the effect of the new black box warning on prescribing ondansetron. We hypothesized that the new black box warning has not affected physician prescribing of ondansetron and that it is very widely prescribed for outpatient use after an ER visit for vomiting.

METHODS
Physicians who are Pediatric trained that work in the ED or Urgent Care centers were surveyed across the United States. The data was used to see how physicians prescribe ondansetron and what percentage prescribe it for outpatient use. The data was also analyzed to include demographics, to see at what age physicians prescribe ondansetron, what form of ondansetron most physicians prescribe and concern if it will mask a surgical emergency.

RESULTS
A total of 303 physicians completed the survey. 50.9% were pediatric trained, 38.9% Pediatric ER trained, 10.2% other. 100% of the physicians use ondansetron. 84% use ondansetron in the ER, 11% in urgent care and 5% in private practice/clinic.

Dose of ondansetron most commonly used is 0.15mg/kg/dose (51.7%) vs. age based dosing (24.3%) vs. 0.1mg/kg/dose (23.95%). 54.46% of physicians start utilizing ondansetron at 6 months of age vs. 22.7% at 3 months of age, 14.5% at 1 year, 6.27% at 1 month of age. Most common forms of ondansetron used are ODT (30.8%) vs. IV (29.83%). 93.4% of physician are very comfortable prescribing ondansetron, 50.5% prescribe ondansetron for outpatient use vs. 15.2% do not prescribe for outpatient use and 34.3% prescribe it on a case by case basis. Most physicians prescribe 1-5 doses for home use 55.45% vs. 27.4% prescribe 6-10 doses and 17.15% prescribe >11 doses.

72.28% vs. 27.72% of physicians are not concerned that using ondansetron will mask a surgical emergency in case of obstruction, volvulus, appendicitis and intussusception.

50% of physicians are aware of a black box warning of QTc prolongation for ondansetron vs. 23.45% that do not. 86.47% vs. 13.53% have not changed their practice in the use of ondansetron due to the new black box warning on ondansetron.

REFERENCE