

## Sea Sickness Memo

Please do not come out to the open ocean if you are prone to sea sickness, find someone else in your department to perform the required duties. If you do get sick there is a good chance you will wait on the boat for a few hours until we are able to perform shuttles in calm water.

Seasickness results from a mismatch of sensory input processed by the brain to orient the body position. Inside the cabin of a rolling boat, the eyes detect no tilt, but fluid in the inner ear shifts with the boats motion, sending a different position signal to the brain. Sensors in the neck, muscles, and joints relay additional information depending on how the person moves and maintains balance. The conflict of sensory data from all these areas ultimately activates a series of responses, including nausea and vomiting.

After departure, limit the time spent below decks. Try to avoid close-focused visual tasks such as reading or navigating. Stay out in the fresh air, near the center of the boat where the motion is less severe. Munch on crackers and sip water or juice. Keep your eye on the horizon to provide a stable reference point; sit or stand upright with head and upper body balanced over the hips, and anticipate the boats motion as though riding the waves.

### Prevention

Start the trip well hydrated, and avoid alcohol the night before. Use what has worked for you in the past to prevent sickness. Stay away from boat exhaust and the designated smoking area on barge.

### Signs and Symptoms

The earliest signs and symptoms are yawning and drowsiness, progressing to dry mouth, headache, dizziness, and extreme listlessness. Some people initially experience an unsettled stomach, slight sweating, mild blushing, and a feeling of warmth. Later the face becomes pale, cold, and clammy. Nausea comes in waves with belching, salivation, and uncontrollable vomiting. Begin immediate treatment with anti-nausea medication.

### Treatment

When symptoms progress, lie down and try to sleep. Take small amounts of fluid, crackers, and hard candy. It is important to stay hydrated.

**Alternative therapies**, which may be beneficial, include ginger capsules, one gram every six to eight hours, supplemented with ginger snaps, candied ginger and ginger ale. We will have an assortment of non-prescription remedies available. The following remedies should be taken well in advance of leaving the dock...

### Travel bands:

Non-medicinal treatment for motion sickness. Worn on each wrist.

**Usage:** Put on each wrist (per directions) 10 minutes before going on the boat. Note: there is a specific spot on the wrist the bands need to be for them to have an effect. See instructions.

### Ginger Capsules:

**For the prevention of motion sickness:** take 2 tablets at least 30 minutes before departure and one or two more after 4 hours if you start feeling nauseated.

**Directions:** Adults and children 12 years and over: take 2 tablets every 4 hours 1 to 3 times a day. Do not exceed 6 tablets a day.

**Medicinal Remedies:** For pregnant women and people with "listed" medical conditions, please check with Amy FACS for the appropriate medication.

## **Gravol**

**Dosage And Administration:** Motion Sickness: Initial dose should be taken at least 1/2 hour and preferably 1 to 2 hours before departure.

**Adults:** For the treatment of motion sickness, nausea, vomiting, dizziness and vertigo: 50 to 100 mg every 4 hours if necessary to a maximum of 400 mg in 24 hours. For extended relief: 1 to 2 Gravol 75 mg long acting capsules every 8 hours to a maximum of 5 capsules in 24 hours.

**Adverse Reactions:** Drowsiness may be experienced by some patients, especially at high dosages. Dizziness may also occur. Symptoms of dry mouth, lassitude, excitement (especially in children) and nausea have been reported

**Occupational Hazards:** Patients should be cautioned against operating automobiles or dangerous machinery because of drowsiness associated with the drug. If drowsiness is excessive, dosage should be reduced.

### **Motion Sickness Patch - DOSAGE AND ADMINISTRATION**

**Initiation of Therapy:** To prevent the nausea and vomiting associated with motion sickness, one Transderm Scōp patch (programmed to deliver approximately 1.0 mg of scopolamine over 3 days) should be applied to the hairless area behind one ear at least 4 hours before the antiemetic effect is required. Only one patch should be worn at any time. Do not cut the patch.

**Handling:** After the patch is applied on dry skin behind the ear, the hands should be washed thoroughly with soap and water and dried. Upon removal, the patch should be discarded. Since scopolamine can cause temporary dilation of the pupils and blurred vision if it comes in contact with the eyes, patients should be strongly advised to wash their hands thoroughly with soap and water immediately after handling the patch and dry their hands

**Continuation of Therapy:** Should the patch become displaced, it should be discarded, and a fresh one placed on the hairless area behind the other ear. For motion sickness, if therapy is required for longer than 3 days, the first patch should be removed and a fresh one placed on the hairless area behind the other ear.

**Motion Sickness Patch - possible side effects:** In motion sickness clinical studies of Transderm Scōp, the most frequent adverse reaction was dryness of the mouth. This occurred in about two thirds of patients on drug. A less frequent adverse drug reaction was drowsiness, which occurred in less than one sixth of patients on drug. Transient impairment of eye accommodation, including blurred vision and dilation of the pupils, was also observed.

Since drowsiness, disorientation, and confusion may occur with the use of scopolamine, patients should be warned of the possibility and cautioned against engaging in activities that require mental alertness, such as driving a motor vehicle or operating dangerous machinery.

## **DESCRIPTION**

The Transderm Scōp (transdermal scopolamine) system is a circular flat patch designed for continuous release of scopolamine following application to an area of intact skin on the head, behind the ear. Each system contains 1.5 mg of scopolamine base.