

A PHYSICIAN'S PROTOCOL

THE 72-HOUR NAUSEA PROTOCOL.

Stop GLP-1 nausea in three days using a structured plan from a board-certified endocrinologist.

INSIDE THIS GUIDE

- The 3-phase reset that calms the gut in 72 hours
- Two evidence-backed antiemetics most patients ignore
- The 5 mistakes keeping you nauseous
- A red-flag checklist (when to stop and call your doctor)
- 72-hour symptom tracker (printable)

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INTRODUCTION

Why you're nauseous — and why most advice misses half of it.

GLP-1 medications — semaglutide (Ozempic, Wegovy), tirzepatide (Mounjaro, Zepbound) and liraglutide (Saxenda) — cause nausea through **two** separate mechanisms. Most generic advice addresses only one of them. That is why patients try ginger tea and dry crackers and feel no better.

Mechanism 1 — slowed gastric emptying. Food sits in your stomach two to four times longer than normal. If you eat too much, too fast, or the wrong things, the stomach distends and you feel sick.

Mechanism 2 — direct brainstem action. GLP-1s activate the area postrema, the brain's nausea trigger zone. This effect peaks 24–72 hours after each injection and after every dose escalation.

HOW THIS PROTOCOL IS DIFFERENT

It targets both mechanisms in sequence: stomach first (Day 1), then central (Days 2–3).

Each phase has a single job. You are not asked to do everything at once.

Most patients report a 70–90% reduction in nausea by hour 72.

If your nausea has lasted more than two weeks, or if any red flag in Section 7 applies to you, this protocol is not the answer — you need a clinical evaluation. Skip ahead to page 7 first.

PHASE 01 · HOURS 0–24

The Reset.

Day one is subtraction, not addition. Your stomach is already overloaded. Adding more — even ‘healthy’ food — makes it worse. Strip back first, rebuild later.

STOP IMMEDIATELY

- Meals larger than your closed fist
- Fried, greasy, high-fat foods
- Carbonated drinks (incl. sparkling water)
- Alcohol — any amount
- Sugar-sweetened drinks & desserts
- >120 ml fluid with meals
- Lying down within 60 min of eating

START NOW

- 4–6 fist-sized meals every 3 hours
- 2–3 L water + pinch of salt
- Or 1–2 oral rehydration sachets/day
- Eat sitting fully upright
- Stay upright 60 min after every meal
- Last meal 3+ hours before bed
- Sleep with head elevated 6 inches

WHY THE CHAIR RULE MATTERS

Lying down within an hour of eating is the most common cause of ‘nausea’ that is actually reflux. On a GLP-1, food is still in the stomach when you lie down — so it backs up. Sixty minutes upright, minimum. This single rule fixes more cases than ginger ever will.

PHASE 02 · HOURS 24–48

Calm the gut.

Add two evidence-based antiemetics now. Both are over-the-counter, both have RCT data behind them, and both are safe to combine with your GLP-1.

Ginger root

1 gram, three times daily. Forms that work: capsules (1g), fresh root steeped 10 min in boiling water, or candied ginger (5g pieces). Forms that **don't** work: ginger ale (sugar undoes the benefit) and ginger snaps (too much fat and sugar).

Evidence: multiple RCTs in chemotherapy and pregnancy nausea show effects comparable to low-dose ondansetron, with a much better side-effect profile.

Vitamin B6 (pyridoxine)

25 mg up to four times daily (do not exceed 100 mg/day). First-line antiemetic in pregnancy. Take with meals. Combines safely with ginger.

SAFE FOODS FOR THE NEXT 24 HOURS

- Plain rice, oatmeal, plain pasta, white toast
- Banana, applesauce, plain crackers
- Clear broth (chicken or vegetable)
- Plain Greek yogurt, kefir
- Eggs (boiled, poached, or lightly scrambled)
- White fish — steamed or poached
- Skinless chicken breast — poached or baked, never fried

AVOID THESE FOR THE NEXT 48 HOURS

- Red meat — long gastric residence time
- Anything fried
- Raw vegetables and large salads — high fibre slows emptying further
- Beans and legumes — gas and distension
- Spicy foods, hot sauce, chili
- Dairy beyond plain Greek yogurt

PHASE 03 · HOURS 48–72

Stabilize and rebuild.

By hour 48, nausea should be measurably better. Now we rebuild — carefully. The mistake most patients make here is jumping straight back to their old portion sizes. Don't.

Reintroduce protein

Target 20–25 grams per meal. Best sources right now: eggs, plain Greek yogurt, white fish, poached chicken, whey isolate. Whey isolate is liquid, low-volume, and clears the stomach fast — useful when food still feels heavy.

Do not chase the textbook 1.6 g/kg target this week. Recovery first, optimization later.

Add gentle movement

A 10–15 minute walk after each meal speeds gastric emptying and reduces nausea. Skip high-intensity exercise for 72 hours — it can worsen reflux while food is still in the stomach.

If reflux is the dominant symptom

Add **famotidine 20 mg**, taken 30 minutes before your largest meal. Continue for 7–14 days, then reassess. Available over-the-counter as Pepcid AC.

INJECTION TIMING — THE OVERLOOKED FIX

Most nausea peaks 24–48 hours after injection.

If you currently inject in the morning, switch to evening before bed.

Peak nausea will then hit while you sleep — and you sleep through it.

Keep your injection day consistent. Switching weekdays disrupts the pattern.

FOOD GUIDE

Safe foods, careful foods, danger foods.

Print this page or save it on your phone. When you don't know what to eat, default to the green column.

EAT FREELY	SMALL PORTIONS	AVOID 72 HOURS
<ul style="list-style-type: none"> • Plain rice • Oatmeal • Banana • Applesauce • Eggs (boiled) • Clear broth • White fish • Greek yogurt • Poached chicken • Whey isolate • Plain crackers 	<ul style="list-style-type: none"> • Whole-grain bread • Baked potato • Lean turkey • Tofu • Hard cheese • Cottage cheese • Cooked carrots • Cucumber • Plain pasta • Lentil soup (small) • Decaf coffee 	<ul style="list-style-type: none"> • Fried food • Red meat • Raw veg / salad • Beans & legumes • Dairy milk • Spicy food • Alcohol • Carbonated drinks • Sugar / desserts • Nut butters • Pizza

PORTION RULE THAT BEATS ANY FOOD LIST

Even a green-column food becomes a red-column food if the portion is too big.

Use the fist test: total volume of food per meal = your closed fist.

If you finish a meal and feel even slightly full, the next meal must be smaller.

EMERGENCY GUIDANCE

Red flags — stop and call your doctor.

These symptoms are not normal GLP-1 nausea. If any apply, this protocol is not your answer. Get medical evaluation the same day.

**Severe abdominal pain, especially radiating to the back**

Possible pancreatitis — rare but serious. Stop the medication and seek care.

**Right upper-quadrant pain, especially after fatty food**

Possible gallbladder disease. Get an ultrasound.

**Vomiting and unable to keep fluids down for >24 hours**

Significant dehydration risk. May need IV fluids.

**No urine for >8 hours, or dark and scant urine**

Established dehydration. Do not delay.

**Dizziness on standing, or fainting**

Volume depletion or electrolyte disturbance.

**Fever with abdominal pain**

Possible infection or pancreatitis. Same-day evaluation.

**Blood in vomit or black, tarry stools**

Upper GI bleed. Emergency department.

**Yellowing of skin or eyes**

Liver or biliary problem. Urgent assessment.

If in doubt, stop the next dose and contact your prescriber before continuing. Pausing a GLP-1 for one or two doses will not undo your progress.

WHAT GOES WRONG

5 mistakes keeping you nauseous.

01 Skipping meals.

Empty stomach plus GLP-1 equals worse nausea, not better. Skipping breakfast is the single most common reason patients describe their day as 'ruined'. Eat small and often.

02 Forcing high protein in the first 48 hours.

Protein is essential for the long run, but cramming chicken breast and shakes into an inflamed stomach makes nausea worse. Recovery first — hit your protein targets in week 2.

03 Drinking water with meals.

Water with food distends an already slow stomach. Drink 30 minutes before, or 60 minutes after — not during.

04 Lying down after eating.

What feels like nausea is often reflux. Sixty minutes upright after every meal is non-negotiable on a GLP-1. Sleep with the head of the bed elevated.

05 Treating constipation-driven nausea as gastric nausea.

If you haven't passed stool in 3+ days, the nausea is from below, not above. Add a stool softener (docusate 100 mg twice daily) or osmotic laxative (PEG 17 g daily). Many 'persistent nausea' cases resolve in 48 hours once the bowel moves.

ESCALATION PATHWAY

If 72 hours isn't enough.

If the protocol gives you partial relief but nausea is still meaningfully limiting your life, the next conversation is with your prescriber, not a forum. Bring these four options to the table.

Option A — Dose hold

Skip one weekly dose, then restart at the same dose the following week. Acceptable for severe nausea; will not significantly affect long-term outcomes.

Option B — Dose reduction

Drop back one dose level (for example, 1.0 mg semaglutide back to 0.5 mg). Stay there four weeks before re-escalating. Most patients regain tolerance on the second attempt.

Option C — Dose splitting

Split a weekly dose into two half-doses 3–4 days apart. Off-label, but it lowers peak plasma levels and peak nausea. Requires prescriber agreement.

Option D — Short-course prescription antiemetic

Ondansetron 4 mg up to three times daily, as needed. Effective, but can worsen constipation — and constipation worsens nausea. Use sparingly and pair with stool softener.

ONE RULE THAT WILL SAVE YOU WEEKS

Do not escalate your dose if nausea is uncontrolled.

Stability before progress. A patient who tolerates the current dose for an extra month always outperforms a patient who pushes higher and quits the drug entirely.

WHAT NEXT

You've got the protocol. Here's the help line.

Most prescribers don't have the consultation time to walk a patient through this much detail. You now do.

Run the protocol. Track your symptoms. Reassess at hour 72. The vast majority of patients who follow it carefully see a 70–90% drop in nausea by Day 3.

STILL STRUGGLING AFTER 72 HOURS?

If symptoms persist beyond 72 hours, or if any red flag from Section 7 appears, message me directly. I read these myself and reply to community members.

DM me on WhatsApp / Facebook:

{{YOUR CONTACT — e.g. WhatsApp +92 ... or fb.com/yourpage}}

Coming next from the list: The Protein Cheat Sheet for GLP-1 Patients — exactly how to hit your protein target when you can barely eat. Watch your inbox.

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Disclaimer: this guide is for educational purposes only. It is not a substitute for individual medical advice, diagnosis, or treatment. Always consult your prescriber before changing medication, dose, or supplements. Information accurate as of date of publication.