BEDSIDE LEADERSHIP TRANSFORMS PATIENT POSTOPERATIVE NAUSEA/VOMITING EXPERIENCE

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Staff nurse Quality Council members of the Admission/Testing and Outpatient Surgery Centers of a 316-bed community hospital identified an opportunity to improve the perioperative patient’s experience. Follow up calls revealed postoperative and post discharge nausea and vomiting (PONV/PDNV) negatively impacted some patient’s recovery. Literature review revealed nausea and vomiting are the number one fear of patients undergoing surgery and 30-35% of all patients suffer this complication. Additionally, PONV/PDNV may increase length of stay and require hospital admission which increases healthcare costs.

The purpose of this evidence-based project was to reduce the incidence of patients experiencing PONV/PDNV by assessing risk factors during the preoperative interview and administering preoperative prophylaxis. Consisting of an anesthesiologist, a certified registered nurse anesthetist, nurse leaders, staff nurses and a nursing informatics nurse, the team conducted a review of the literature and considered standardized tools which stratify those most at risk for postoperative nausea and vomiting. Our team selected the Koivuranta Tool to assess risk. Staff education and competencies were conducted and risk assessment initiated.

Using a non-randomized, convenience sampling method, patients were assessed for specific risk factors and appropriate prophylactic medications were administered preoperatively based upon newly-developed standardized anesthesia orders. Patients were assessed postoperatively and post discharge to evaluate medication effectiveness.

As a result of risk stratification and medication interventions, the percentage of patients experiencing PONV/PDNV has remained well below the national average, between 4-6 %. Positive patient feedback encouraged the staff to continue to pursue other quality of care initiatives to improve the patient’s experience.