Post Discharge Nausea and Vomiting (PDNV) in Ambulatory Surgical Patients: Incidence and Management Strategies

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Introduction/Problem: Over 34 million patients undergo ambulatory surgery annually in the U.S with at least one third experiencing post discharge nausea and vomiting. PDNV can affect quality of recovery, has the potential for morbidity and hospitalization in high-risk patients, and impacts patient satisfaction. With more than 60% of all surgeries performed in the ambulatory setting, it is imperative that we look more closely at incidence, management strategies, and outcomes.

Purpose: To describe the incidence and severity of PDNV in a sample of ambulatory surgery patients, to describe the pharmacologic and nonpharmacologic modalities of care used by patients with PDNV to manage it, and to determine outcomes associated with PDNV.

Methodology: A convenience sample of 2170 adult patients who received general anesthesia at twelve ambulatory surgery sites throughout the U.S. were followed for 48 hours post discharge. A subset of 260 patients were followed for 7 days.

Results/Discussion: There was an overall incidence of 37.1% PDNV. On day seven, 6.3% of 260 patients continued to experience nausea with 1.2% reporting emesis. Only 4.2% of patients with PDNV take antiemetics. Patient perception of quality of life was significantly related to incidence of PDNV.

Conclusion: Treatment of this complication should extend well beyond discharge. Additional research is needed that identifies nonpharmacologic methods of control, patient education techniques, and other factors that impact ambulatory surgery patients.