Postdischarge Nausea and Vomiting (PDNV): Incidence in Adult Surgical Outpatients  
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Introduction/Problem: PDNV remains a problem for 30-50% of all patients who receive general inhalation anesthesia during surgery and are discharged home the same day. Over 34 million persons have outpatient surgery annually in the U.S. and are at risk for PDNV.  

Purposes: The purposes of this study were: 1) to determine the incidence and severity of PDNV in outpatients receiving general inhalation anesthesia at Seton Health; 2) to evaluate self care of PDNV; and 3) to look for correlations between postoperative nausea and vomiting (PONV) risk score and PDNV.  

Methodology: A convenience sample of 339 patients who received general inhalation anesthesia over a six month period was surveyed. Data were collected using a structured survey; 41 % of the patients returned the survey (n=144). Descriptive statistics were used to quantitatively summarize the data; inferential statistics were used to identify trends in the outpatient surgical population.  

Results/Discussion: The incidence of PDNV was experienced by 33% (n=46) with an average severity rating of <2 on a 0-10 Likert Scale. Episodes of vomiting were reported by 13% of patients. Lying down proved to be the most used self care activity in the treatment of PDNV reported by 23%. Of those that used self care activities to treat their PDNV 77% felt they did not work. No significant correlation was found between the PONV risk score and the actual experience of PDNV.  

Conclusions/Implications: The findings of this study will provide another layer on the thin foundation of the topic of PDNV. Based on the findings of this study, the next layer for exploration is to examine the relationship of post op pain medications and PDNV. Evaluating the scope of the problem leads to identification of modifiable risk factors and successful treatment modalities with interventions for post anesthesia care nurses to implement at Seton Health.