MEASURING THE EFFECTIVENESS OF RISK ASSESSMENT AND SCOPOLAMINE INTERVENTION ON POST-OPERATIVE NAUSEA AND VOMITING
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Introduction: Combating post-operative nausea and vomiting (PONV) remains a priority for the surgical nurse.

Problem Identification: The overall incidence of PONV is estimated to be 25 to 30%, with the risk as high as 80% for high risk patients.

Study purpose: This research evaluated overall PONV based on the Apfel Simplified Risk Score; and compared PONV rates for high risk patients with and without the pre-operative placement of a Scopolamine patch.

Methodology: After Institutional Review Board approval, all outpatient surgery patients in a two month period were invited to participate in the study. Data were collected from 400 patients. Patients were assessed for PONV risk using the Apfel Simplified Risk Score. High risk patients who met the inclusion criteria received the Scopolamine patch preoperatively. Low risk patients and high risk patients who met the exclusion criteria received no patch. Patients were followed throughout their surgical experience and were contacted by telephone within 24 hours of surgery.

Data analysis was conducted to determine overall post-operative nausea and vomiting for all patients and to compare patients at high risk who received the Scopolamine patch to high risk patients who received no patch.

Results: 6.6% of patients reported nausea in PACU; 10.3% reported nausea in ASCC; and 16.1% reported nausea at home. When comparing high risk patients who received the Scopolamine patch to those who did not, there were no statistical differences in retching, nausea and vomiting in the PACU or ASCC. Those with the patch were less likely to report vomiting (p=.032) and nausea (p=.014) the day after surgery compared to patients without the patch.

Discussion and Conclusion: Overall, nausea reported by all subjects was less than what has previously been reported in the literature. The use of the Scopolamine patch appeared to be effective in reducing nausea and vomiting the day after surgery.

Implications: Assessing for and acting on a patient’s risk for PONV is an essential part of care for surgical patients. Perianesthesia nurses are in the ideal position to identify patients at risk and to work with anesthesiologists and surgeons to develop and implement protocols to address this issue.