

TREATING POST-OPERATIVE NAUSEA AND VOMITING WITH ISOPROPHYL ALCOHOL INHALATION

Team Leader: Barbara Gozaloff RN BSN CPAN

Medical University of South Carolina, Charleston, South Carolina

Team Members: Joann Ellison RN BSN CPAN, Arnetha Drayton PCT, Joseph Abro MD

Background Information: Postoperative nausea and vomiting (PONV) is a common problem following general anesthesia. It is the most commonly reported patient fear before elective surgery and the financial impact is significant, costing several million dollars a year. Extended recovery times and unanticipated admissions due to complications such as aspiration pneumonia, are financial strains on the health care system, patients and their families.

Objectives of Project: The purpose of this Quality Improvement project was to measure and analyze a cost-effective easily accessed alternative treatment to PONV that would benefit both the hospital and patient outcomes.

Process of Implementation: Staff in Recovery Rooms have been noted to place isoprophyl (IPA) swabs on the nose of patients suffering from PONV. Literature searches for alternative treatments to PONV also identified IPA as a safe, cost effective, and an easily accessed treatment. These studies led the team to measure and analyze the effects of this treatment on patients at MUSC.

Staff were informed of the project and given instructions on the process via email. Team members were available to staff for questions. Data collection sheets were used to measure the severity of PONV after standard treatment (antiemetic administration) and IPA treatment. Protocol for administration of IPA was to place an opened IPA swab under the nose of the PONV patient and have them inhale 3 times. If nausea were not relieved, standard treatment would commence along with repeating IPA swab inhalation 2 more times for a total of 3 sequences.

Statement of Successful Practice: The results of the study showed 40% of the IPA group were without nausea 5 minutes and 10 minutes after initial treatment. Fifteen minutes after initial IPA treatment, 60% were without nausea and 30 minutes after treatment, 40% of the IPA group were nausea free. These results show an improvement in PONV with the addition of IPA to standard treatment in comparison to standard treatment alone.

Implications for Advancing the Practice of Perianesthesia Nursing: The Team agreed that this project continue to obtain a larger sample size. The benefits of adding IPA inhalation to standard treatment of PONV can be included in PACU orientation manuals to improve the severity of PONV in post-operative patients.