

## **UTILIZATION OF PREOPERATIVE RISK ASSESSMENT FOR MANAGEMENT OF POSTOPERATIVE NAUSEA AND VOMITING (PONV)**

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### **BACKGROUND INFORMATION:**

Nausea and vomiting is a persistent problem in the postoperative setting for one-third of all patients who require anesthesia for surgery. Incidence can be as high as 70-80% in high risk patients. PONV increases potential for morbidity in high risk patients and decreases both quality of recovery and patient satisfaction. The annual cost of PONV in the United States is thought to be several hundred million dollars.

Best practice guidelines recommend prevention and early intervention. It is important to be proactive to obtain successful PONV prevention and management. Previous assessment of surgery patients at our institution was based on practitioner discretion and therefore variable, demonstrating a need for standardizing early identification of patients with an assessment tool (ASPAN guidelines recommend early intervention/prevention).

### **OBJECTIVE OF PROJECT:**

To establish a standardized process that ensures an “every patient, every time” approach for early identification of PONV risk.

### **PROCESS OF IMPLEMENTATION:**

A risk assessment tool was created to be used preoperatively with every surgical patient in collaboration with anesthesiology practitioners. A total of 98 patients were evaluated. Over a period of 8 weeks, postoperative outcomes were audited on 78 patients assessed at severe or very severe PONV risk.

### **STATEMENT OF SUCCESSFUL PRACTICE:**

Preliminary data analysis showed a positive correlation between early detection of high risk patients who subsequently received scopolamine prophylaxis and a decreased need for further antiemetics. Successful collaboration between anesthesiology and nursing staff resulted in an improved outcome for our surgical patients.

### **IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:**

PONV is a significant challenge facing our patient population. Early identification of high-risk patients along with preemptive intervention is essential in creating a favorable postoperative outcome.