

Pain, Nausea and...Thirst?

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Introduction: Literature shows that the thirst sensation is often among the top patient complaints in ICU settings. While the Post Anesthesia Care Unit (PACU) is a comparable space, there is little available information on evaluating and treating thirst there.

Identification of the problem: Much PACU research focusses on evaluating and treating pain and nausea in the post-operative period. However, thirst is often cited by patients themselves as also being an intensely uncomfortable sensation after surgery.

EBP Question/Purpose: What is the prevalence and intensity of thirst compared to pain and nausea in the PACU among patients who received general anesthesia for their surgery?

Methods/Evidence: This project was performed in the inpatient PACU of a large academic medical center, by the staff nurses responsible for direct patient care. Patients were asked to rate their discomfort levels for pain, nausea and thirst on a zero to ten verbal numerical rating scale prior to any interventions. Of 200 patients, 117 gave ratings on all three categories, which were recorded by the nurses on a survey tool.

Significance of Findings/Outcomes: The mean rating for thirst was 4.34, compared with 3.3 for pain and 0.54 for nausea. The median was 5, compared with 2 for pain and 0 for nausea (the ratings for which were heavily weighted towards being either zero or greater than eight). Of particular note, 50 patients indicated thirst as their highest rated source of discomfort, compared with 37 for pain and 2 for nausea. These results correspond with a limited number of studies that have been performed in ICUs that have likewise found thirst to be a common and a significant source of discomfort, more so than either pain or nausea.

Implications for perianesthesia nurses and future research: Thirst is a major source of patient discomfort that should be evaluated and treated early and actively in the post-operative period. More studies should be performed in order to better quantify the problem and determine effective interventions.