

PROTOCOL FOR: Nausea & Vomiting, Perioperative Prevention & Management

- POLICY:**
1. All patients will be assessed for the risk for or presence of Post-Operative Nausea and Vomiting (PONV) and Post-Discharge Nausea & Vomiting (PDNV).
 2. Management of nausea and vomiting in patients who have undergone anesthetic procedures will be directed by the anesthesia care provider. Nausea and vomiting for all other patients will be managed by the admitting service.
 3. Medications to manage PONV will be administered per order; nursing staff may implement adjunctive therapies such as aromatherapy, cold compresses, etc. without an order.
 4. Patients/families will be educated about management of PDNV, as appropriate.

DESIRED PATIENT

- OUTCOMES:**
1. The patient's nausea and vomiting will be minimized or absent.
 2. Patient states understanding of personal risk and treatment-related factors that may increase their risk of PONV/PDNV.
 3. The patient will be free from chemical aspiration injury related to vomiting.
 4. Patients with PONV will verbalize understanding of importance of using non-pharmacological methods of reducing symptoms (e.g., deep breathing, aromatherapy, slow changes of position, etc.).
 5. Patient will be well-hydrated to prevent fluid deficit that may heighten PONV.
 6. Patients with PONV verbalize absence of or decreasing nausea and vomiting prior to discharge, or acceptance of level prior to discharge.
 7. The ambulatory patient states achievement of pain/comfort treatment goals and level of satisfaction with pain relief and comfort management in the PACU setting.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Preoperative -
 - a. review patient history of PONV and motion sickness
 - b. collaborate with other disciplines to implement prevention strategies
 - c. document pertinent information in record
 2. Intraoperative -
 - a. assist anesthesia care provider by implementing cricoid pressure in patients at higher risk for aspiration (e.g. pregnant women, obese patients, emergent procedures).

PROTOCOL FOR: Nausea & Vomiting, Perioperative Prevention & Management

3. Postoperative -

- a. monitor vital signs per structure standards or per order.
- b. assess for presence of PONV on admission and until transfer to receiving unit or discharge to home; reassess frequently until PONV is controlled.
- c. administer medications per order; notify physician or LIP for inadequate management or when need to exceed maximum dose is reached.
- d. identify patient correctly, validate orders, implement correct name of drug, dose, amount, route, and time.
- e. maintain hydration to minimize symptoms.
- f. use non-pharmacologic interventions to complement, not replace, pharmacological interventions.
- g. administer comfort measures as needed, including
 - 1) positioning
 - 2) aromatherapy
 - 3) environmental (privacy, turn off lights)
- h. educate ambulatory patient and family/caregiver regarding potential for nausea with pharmacological interventions (e.g. narcotic pain management, antibiotics) and discuss ways to minimize onset of PDNV:
 - 1) where to ride in vehicle on return to home
 - 2) avoiding sudden, rapid movement
 - 3) avoiding sights or smells that trigger nausea
 - 4) beginning oral intake slowly and at room temperature
 - 5) avoiding food triggers of strong smell and taste
 - 6) combining minimal food intake with narcotics and progression to non-narcotic pain relievers when appropriate
 - 7) relaxation techniques

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 5/97

REVISION DATES: 5/00, 6/03, 2/08, 8/09