

**Why risk assess for PONV:**

- ◇ PONV is an unpleasant, frequently occurring post-operative morbidity that can be avoided.
- ◇ It is a major patient dissatisfier and a leading cause of unanticipated hospital admission (in early discharged patients).
- ◇ The occurrence of PONV can delay discharge from post-anesthesia recovery, diverting precious nursing resources to the management of an issue that can be minimized or mostly avoided.
- ◇ Discomfort from PONV can delay the patient from engaging in activities to promote recovery.
- ◇ There are rare, but serious, complications associated with PONV: suture dehiscence, aspiration of gastric contents, and esophageal rupture, to name a few.

**How to Combat PONV**

◇ **ASSESS**

When to assess:

Pre Admission Testing (PAT): during the patient interview

Preop: during preop assessment, review with the patient his/her risk for PONV from the PAT assessment and make any necessary modifications

Post-Anesthesia Care Unit (PACU)/Recovery Room: immediately after recovery from anesthesia, and continue to reassess at regular intervals until discharge from PACU  
(may be done in tandem with pain assessment)

Inpatient Unit: during the admission assessment and at regular intervals thereafter through 48h post-discharge from PACU (especially in patients with a PONV risk score of 'moderate' or 'high')

**\*\*Make sure to communicate PONV assessment status and interventions during hand-off communication between (staff/shift/unit) transfers of care\*\***

What to assess:

1.  **Identify the PONV "triggers":** patient risk factors, anesthesia-related risk factors, and potential risk factors the patient may have (see *NURSING PONV Risk Assessment pocket card*).
2.  **Tally the "triggers" and assign a score.**
3. **Based on the range, assign risk** (see *NURSING PONV Risk Assessment pocket card*).
4.  **Document and communicate the risk to the anesthesiology team: anesthesiologist, MLP, nurses, and patient.**

◇ **INTERVENE**

**Patient Education:**

1. **Empowered awareness:** provide personal risk score and education regarding PONV risk, goals, and intervention strategies. Patients should know what to expect so that they may participate in "reminders" to staff if/when necessary.
2. **Engage** the patient in ERP's team approach to care: emphasize the importance of patient self-advocacy in communicating PONV risk and associated needs to providers.

**Nursing Intervention:**

1. Continual assessment from PAT through 48h past PACU discharge  
\*\*learn the PONV risk "triggers", know each patient's risk\*\* 
2. Know what medications are available to the patient in advance
3. Provide prophylactic and/or rescue medications for PONV
4. Motion (ambulation) and opioid administration (morphine PCA) can precipitate PONV

**RISK ALERT: de novo PONV**

Patients who:



- A. Have a PONV Risk Score of **Moderate** or **High** AND/OR
  - B. Received a rescue antiemetic in PACU
- are at high risk for developing de novo (beginning again) PONV on the floor (unit)**