

Post-operative Nausea and Vomiting in the West of Scotland

Aims

To evaluate the incidence, risk factors and management of PONV in the west of Scotland;
To provide useful data for local and regional quality improvement;
To test the network, our methods of data collection and communication.

Methods

Trainee members of WoSTRAQ to collect data by review of anaesthetic record/drug kardex in recovery on one day during the audit week;
The specific day will be chosen locally to suit each department but must be during the audit week;

Paper-free audit – data will be collected via a secure online form;
Caldicott approval has been granted;

All patients aged ≥ 18 y undergoing a surgical procedure requiring administration anaesthesia (general/neuraxial/regional/sedation) by an anaesthetist;
Exclude procedures performed under local anaesthesia or under sedation provided by non-anaesthetists.

Data to be collected:

<u>Data</u>	<u>Notes</u>
Hospital	To allow us to feedback local results. Individual anaesthetists names will not be collected.
Presence of risk factors for PONV	As documented on anaesthetic record. Age, gender, smoking status, history of PONV, history of travel sickness
Urgency of surgery	Elective, emergency, day case
Surgical specialty	Ortho, ortho trauma, gynae, general surgery, urology, plastics, neuro, ENT, max-fac, obstetrics, ophthalmology, vascular, other
Anaesthetic technique	Volatile, nitrous, TIVA, sedation, neuraxial, other regional
Duration of anaesthetic	< 1h, 1-2 h, >2 h
Anti-emetics	Cyclizine, Dexamethasone, Domperidone, Droperidol, Granisetron, Metoclopramide, Ondansetron, Prochlorperazine, Other (given in theatre, prescribed for/given in recovery)
Opioid use	Alfentanil, Fentanyl, Morphine, Pethidine, Tramadol, Oxycodone (given in theatre, prescribed for recovery)
PONV in recovery	Nil, nausea, retching/vomiting