

IN ADULT DAYSTAY PATIENTS UNDERGOING GYNECOLOGICAL SURGERY WITH GENERAL ANESTHESIA, DOES A GREATER LENGTH OF NPO STATUS INCREASE POST OPERATIVE NAUSEA AND VOMITING?

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Introduction: The PACU nurses have observed that patients having surgery in the morning tend to have less PONV than patients having surgery in the afternoon. Although our policy states that patients can have clear liquids up to 2 hours prior to surgical start time, our patients are generally told to remain NPO after midnight regardless of surgical start time.

Identification of the Problem: Prior to starting the research, we reviewed 50 charts and found statistically significant increase in nausea/vomiting in afternoon cases. Our hypothesis is that patients with a later surgical start time, and subsequently having to be NPO for a greater length of time, experience an increased frequency of post-operative nausea/vomiting. Our group is focusing on patients undergoing GYN surgery having general anesthesia, since this is the group with the greatest risk factors for PONV.

Purpose of the Study: We hope to prove our hypothesis and modify our current NPO practice. Reducing nausea will lead to greater patient satisfaction, decreased length of stay and decreased use of anti-emetic medications.

Methodology: Phase I of our study is to determine if there is a correlation between greater NPO time and nausea/vomiting. A retrospective chart review of 450 Daystay patients undergoing Gynecological procedures under general anesthesia was conducted. Phase II will involve a study where one group will receive 8 ounces of Gatorade 4 hours prior to surgery, another group will receive IV fluid on arrival and the third group will remain NPO after midnight. Phase II is being done in conjunction with the Anesthesia Department.

Results: The data collection and results have been completed. Greater length of NPO status did not correlate as strongly as we had theorized. We believe this is because the majority of patients received pre-emptive anti-emetic medications, since they were in the high risk for PONV population. Phase II of the study began in February 2016.

Discussion: The aim of this study was to confirm that such an association existed, and to quantify its strength. We hope that in doing the study, we raised awareness of patient discomfort associated with long periods of NPO. We hope to effect a change in our practice of all patients being NPO after midnight, regardless of surgical start time.

Conclusion: Greater length of NPO status in relation to PONV was not as significant as we had theorized. We did find some interesting correlations that are presented in our poster.

Implications for Perianesthesia Practice and Future Research: In conducting our study, we raised awareness of prolonged NPO status and subsequent discomfort of patients. An anesthesia provider took note of our study methods, subjects, and results and designed another study to measure the effects of a preoperative beverage on PONV. There is discussion among nurses and doctors regarding our current NPO practice. We hope to facilitate improved patient outcomes and increase patient satisfaction.