

## **A MULTIDISCIPLINARY EVIDENCE-BASED PRACTICE PROTOCOL TO REDUCE POSTOPERATIVE NAUSEA IN THE BARIATRIC SURGERY PATIENT**

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**Identification of the problem - Overview:** Postoperative nausea and vomiting is a strong predictor of extended recover stays in the bariatric surgery population. A review of literature identified that the incidence of postoperative nausea and vomiting can be as high as 70-80% and is associated with wide variability in practice. Our institutional baseline data indicated that bariatric surgery patients with postoperative nausea had widespread variability in antiemetic treatment that resulted in increased nausea and extended length of stay.

**EP Question/Purpose:** 1) to standardize perioperative interventions in adult bariatric surgery patients reducing postoperative nausea and vomiting; 2) to increase bariatric patient satisfaction and 3) to reduce length of stay.

**Methods/Evidence:** A nurse lead interprofessional team consisting of perianesthesia nurses, postoperative nurses, advanced practice registered nurses, anesthesiologists and surgeons reviewed the existing literature examining the level and quality of existing evidence. The majority of the articles reviewed by the team were Level 1-V with good to high levels of quality. Interventions were identified from this review and compared to institutional current practice. This comparison identified several interventions and opportunities for improvement e.g. use of standardized assessment tools in the assessment of high risk patients; standardization in the provision care with integration of patient nausea risk assessments.

**Significance of Findings/Outcomes:** The use of a standardized risk assessment improved identification of the patient at high risk of post-operative nausea. The use of standardized interventions in the perianesthesia and post-operative practice areas resulted in reductions in the incidence of postoperative nausea and vomiting. Standardization of care of the patient high risk for postoperative nausea using multiple therapies throughout the perioperative continuum resulted in increased patient satisfaction and a reduction in length of stay due to protracted nausea and vomiting.

**Implications for perianesthesia nurses and future research:** In caring for the postoperative bariatric surgery patient, the application of standardized evidence-based interventions identified and developed by a RN led interprofessional team provided increased continuity and consistency in perianesthesia nursing practice. Consistency in practice throughout the perioperative continuum can lead to increased patient centered perioperative care, improved patient satisfaction and reductions in hospital costs due to a decreased length of stay.