

Post-Operative Nausea and Vomiting Clinical Guideline

V3.0

July 2019

1. Aim/Purpose of this Guideline

1.1 The purpose of this guideline is to provide anaesthetists with an algorithm to work with when dealing with patients at risk of post-operative nausea and vomiting.

1.2 This version supersedes any previous versions of this document.

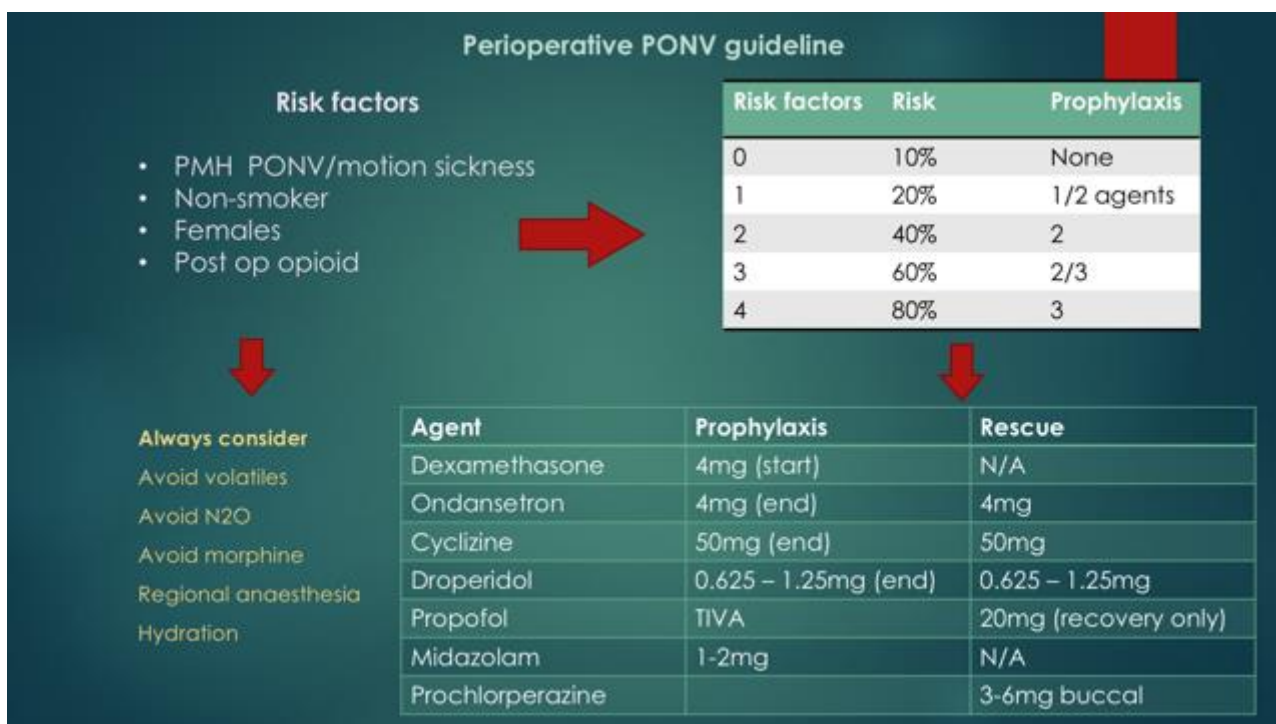
1.3 Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. The Guidance



? copyright needed

2.1. High risk patients or groups consider TIVA as standard.

2.2. Consider reducing cyclizine dose to 25mg and use 0.625mg droperidol in elderly.

2.3. Propofol is administered by anaesthetist only.

2.4. Dystonic reactions may occur (oculogyric, opisthotonus) treat with procyclidine 5-10mg IV.

2.5. Rescue treatment should be using different agent to those already used.

3. Monitoring compliance and effectiveness

Element to be monitored	Adherence to RCHT guidelines, Post-operative nausea and vomiting rates. Unplanned admission rates due to post-operative nausea and
Lead	Allocated Lead consultant for Quality in anaesthesia
Tool	Audit and review of cases and their management will take place in anaesthesia governance meetings.
Frequency	Yearly audit cycle as part of quality assurance in anaesthesia
Reporting arrangements	The committee reviewing the cases will be the anaesthesia directorate. Rates of post –operative nausea and vomiting and unplanned admission as a result will be discussed at audit meetings and the details will be recorded in the minutes.
Acting on recommendations and Lead(s)	See above
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Post-Operative Nausea and Vomiting Clinical Guideline V3.0		
Date Issued/Approved:	14.5.2019		
Date Valid From:	July 2019		
Date Valid To:	July 2019		
Directorate / Department responsible (author/owner):	Dr Duncan Sim, Consultant Anaesthetist		
Contact details:	01872 258195		
Brief summary of contents	Guidance for the perioperative use of anti-emetic medication.		
Suggested Keywords:	Anaesthesia Surgery Nausea Vomiting Anti-emetics		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director		
Date revised:	14.5.2019		
This document replaces (exact title of previous version):	Post-Operative Nausea & Vomiting Algorithm		
Approval route (names of committees)/consultation:	Anaesthetic and Theatres Business Group Governance Lead Anaesthetics		
Care Group Manager confirming approval processes	Roberta Fuller		
Name and Post Title of additional signatories	Not Required.		
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}		
	Name: Matt Body		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical / Anaesthetics		

Links to key external standards	The Association of Anaesthetists of Great Britain and Ireland. The Association of Paediatric Anaesthetists of Great Britain and Ireland.
Related Documents:	None

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
03.11.15	V2	Diagram updated.	Duncan Sim, Consultant Anaesthetist
14.05.19	V3	Diagram updated, notes added.	Duncan Sim, Consultant Anaesthetist

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy /proposal / service function to be assessed						
Post-Operative Nausea and Vomiting Clinical Guideline V3.0						
Directorate and service area: Theatres			New or existing document: Existing			
Name of individual completing assessment: Duncan Sim			Telephone: 01872 258195			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		Clinical guideline for the management of post-operative nausea and vomiting.				
2. <i>Policy Objectives*</i>		The purpose of this guideline is to provide anaesthetists with an algorithm to work with when dealing with patients at risk of post- operative nausea and vomiting.				
3. <i>Policy – intended Outcomes*</i>		Optimise the management of those patients at high risk or post-operative nausea and vomiting by appropriate anaesthesia techniques and use of anti-emetic medication.				
4. <i>*How will you measure the outcome?</i>		Monitoring through audit and case discussion at governance meetings.				
5. <i>Who is intended to benefit from the policy?</i>		Patients and staff.				
6a <i>Who did you consult with</i>		Workforce	Patients	Local groups	External organisations	Other
		x				
b). <i>Please identify the groups who have been consulted about this procedure.</i>		Please record specific names of groups Anaesthetic Staff				
What was the outcome of the consultation?		Acceptance of Guideline				

7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female, trans-gender / gender reassignment)		X		
Race / Ethnic communities /groups		X		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		
Religion / other beliefs		X		
Marriage and Civil partnership		X		
Pregnancy and maternity		X		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.

Yes

No

X

9. If you are **not** recommending a Full Impact assessment please explain why.

No negative impact identified.

Date of completion and submission	14.05.19	Members approving screening assessment	Policy Review Group (PRG) APPROVED
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This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.