# PONV 03 Review - September 26, 2022

**Review PONV 03 Measure Specification by selecting this link**

# Feedback from Measure Reviewers

## Review of new literature (last review October 2019)

| Dr. Patricia Mack |
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| Gan, Tong J. MD, MBA, MHS, FRCA*; Belani, Kumar G. MBBS, MS†; Bergese, Sergio MD‡; Chung, Frances MBBS§; Diemunsch, Pierre MD, PhD‖,¶; Habib, Ashraf S. MBBCh, MSc, MHSc, FRCA#; Jin, Zhaosheng MBBS, BSc*; Kovac, Anthony L. MD**; Meyer, Tricia A. PharmD, MS, FASHP, FTSHP††,‡‡; Urman, Richard D. MD, MBA†††; Apfel, Christian C. MD, PhD§§; Ayad, Sabry MD, MBA, FASA‖‖,¶¶; Beagley, Linda MS, RN, CPAN, FASPAN##; Candiotti, Keith MD***; Englesakis, Marina BA (Hons), MLIS†††; Hedrick, Traci L. MD, MSc‡‡‡; Kranke, Peter MD, MBA§§§; Lee, Samuel CAA‖‖‖; Lipman, Daniel DNP, CRNA¶¶¶; Minkowitz, Harold S. MD###; Morton, John MD, MPH, MHA****; Philip, Beverly K. MD††††. Fourth Consensus Guidelines for the Management of Postoperative Nausea and Vomiting. Anesthesia & Analgesia: August 2020 - Volume 131 - Issue 2 - p 411-448 doi: 10.1213/ANE.0000000000004833<br><br>Comprehensive review with clear graphic cognitive aids and emphasizing conclusion that if there is nausea/emesis postop procedure in spite of adequate prophylaxis, a medication of a different class is recommended for treatment.<br><br>There is also a discussion of alternative treatments such as accupuncture/pressure points, isopropyl alcohol or other aromatherapy<br><br>Amuisulpride - (oral antipsychotic in Europe for 30 years) - IV form - obtained FDA approval for the indication of rescue medication for PONV as an IV medication. Anesthesiology News monograph provides a nice summary - https://www.anesthesiologynews.com/Monographs-and-Whitepapers/Article/09-21/The-Only-Antiemetic-Approved-for-Rescue-Treatment-of-Postoperative-Nausea-and-Vomiting-After-Failed-Prophylaxis/64413 |

## Appropriateness of rationale

| Dr. Patricia Mack |
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| There is a relative paucity of information on the best treatment for PONV rescue and numerous varied permutations of potential treatment protocols. ASPIRE data may provide an opportunity to identify optimal treatment regimens. The number of permutations and combinations of PONV prophylaxis and PONV rescue is even larger and would require many, many data points. |

## Evaluation of inclusion/ exclusion criteria

| Dr. Patricia Mack |
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| Consider including patients who are extubated who go to ICU settings for monitoring - craniotomy, carotid endarterectomy for example.<br><br>In our neuroanesthesiology, division evaluation of three neuroanesthesiologist's<br><br>July 2022 data reveal that 18%, 33% and 70% (!) of their cases were excluded from this measure because the patient went directly to the ICU. The vast majority of these patients were extubated. This limits the usefulness of this metric to our clinicians. |

## Evaluation of definition of success or flagged cases

| Dr. Patricia Mack. |
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Need to update included medications to include amulsipride and like agents.

It would be nice to be able to sort out if haloperidol was given for delirium or nausea (there may be institutional traditions that may be identified)

## Other feedback

| Dr. Patricia Mack |
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| For specific sites - reassess nursing documentation of PONV for completeness and accuracy and consistency (at Weill Cornell we have two different cultures in different PACUs). The distinction between PONV3 and PONV3b addresses this to some degree.<br><br>Given the 2020 recommendations cited above, recommend considering further modifying or adding a measure that defines successful treatment of PONV that has failed prophylaxis as administration of a medication of a different class (ie if ondansetron was administered prophylactically, ondansetron treatment in the PACU would not count as success)<br><br>Consider if possible to capture alternative therapies such as acupressure, aromatherapy etc |

### Recommendation from Dr. Patricia Mack for PONV 03

| | Dr. Patricia Mack |
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| Keep as is: no changes at all | ☐ |
| Modify: changes to measure specifications | ☑ |
| Retire: eliminate entirely from dashboard and emails | ☐ |

**Recommended modifications (if applicable)**

**Either eliminate exclusion criteria "Patients transferred directly to the ICU" or modify to read "patients who remain intubated through the time 6 hours after anesthesia end."**