

Henry Ford West Bloomfield Hospital

PONV 05

Best Practice Advisory

- Release of 3 BPAs in EPIC for PONV reminders
- Released in May 2022
- BPA 1 is for patients with 0-2 risk factors
- BPA 2 for patients with 3 or more risks
- BPA 3 is for cesarean sections

BPA- Patients with 1-2 Risk factors for PONV

⚠️ **PONV-05. Patient has at least 1 to 2 risk factors for PONV. Admin 2 prophylactic antiemetics.**

Administer at 2 least antiemetics of different classes.

PONV Risk Factors

Non-smoker
Intended opioid administration

Criteria that do not apply:

Female patient
History of PONV
History of motion sickness
Procedure is a risk factor for PONV
Inhalational Agent greater than 1 hour
Patient age less than 50

Antiemetics Administered (last 72 hours)

None

- 🔗 [Administer antiemetics](#)
- 🔗 [Document exclusion to PONV BPA](#)
- 🔗 [Link to MPOG/Aspire PONV-05 measure](#)

Acknowledge Reason _____

Will admin appropriate antiemetics (remo...)

BPA- Patients with 3 or more Risk factors for PONV

Important (1)

❗ **PONV-05. Patient has at least 3 risk factors for PONV. Admin 3 prophylactic antiemetics.**

Administer at 3 least antiemetics of different classes.

Patient PONV risks (per ASPIRE PONV-05 quality measure): Total Score: 3

Non-smoker
Intended opioid administration
Inhalational Agent greater than 1 hour

Criteria that do not apply:
Female patient
History of PONV
History of motion sickness
Procedure is a risk factor for PONV
Patient age less than 50

Antiemetics Administered (last 72 hours) Showing orders from other encounters

Date/Time	Action	Medication	Dose
06/30/23 1028	Given	proCHLORPERazine Edisylate (COMPAZINE) injection 5 mg	5 mg
06/30/23 0949	Given	diphenhydrAMINE (BENADRYL) 50 mg/mL injection	10 mg

- [Administer antiemetics](#)
- [Document exclusion to PONV BPA](#)
- [Link to MPOG/Aspire PONV-05 measure](#)

Acknowledge Reason _____

Will admin appropriate antiemetics (remo...

BPA- Cesarean Sections for PONV

Important (1)

ⓘ **PONV-05. Patient is at risk for PONV due to Cesarean Delivery. Admin 2 antiemetics.**

Administer at 2 least antiemetics of different classes.

Antiemetics Administered (last 72 hours)

None

- ↗ Administer antiemetics
- ↗ Document exclusion to PONV BPA
- ↗ Link to MPOG/Aspire PONV-05 measure

Acknowledge Reason _____

Will admin appropriate antiemetics (remo...

✓ Accept

Dismiss

PONV Education

PONV Risk Factors	Give Preop or Intraop
0-2 Risk Factors	Give 2 Antiemetics from different classes
3 or >	Give 3 or more antiemetics from different classes

Risk Factors include:	
Female	Age <50
History of PONV	Use of inhalation agent >1 hr
History of motion sickness	Laparoscopic surgery
Non Smoker	GYN surgery
Use of opioids intraop	

HFHS ADULT Antiemetics Prophylaxis

PREOPERATIVE	Anticholinergics		
	Scopolamine Patch	1.5 mg transdermal behind ear	\$21.30
	Antihistamines		
	Meclizine	25 PO	\$0.32
	Dimenhydrinate	50 mg PO	\$0.15
	Neurokinin-1 Receptor Agonists		
	Aprepitant	40 gm PO (3hrs prior to induction)	\$87.95
At Induction	Steroids		
	Dexamethasone	4 mg IV	\$2.63
End of Case Prior to Emergence	Class: 5-Hydroxytryptamine (5-HT3) Receptor Antagonists		
	Ondansetron	4 mg IV	\$0.33
PACU or up to 6 hours after Surgery	Class: 5-Hydroxytryptamine (5-HT3) Receptor Antagonists		
	Ondansetron	4 mg IV	\$0.33
	Butyrophenones		
	Haloperidol	0.5 mg IV	\$0.06
	Phenothiazines		
	Prochlorperazine	5 mg IV	\$1.84
	Antihistamines		
	Diphenhydramine	12.5 mg IV	\$0.14
	Steroids		
	Dexamethasone	4 mg IV	\$2.63
Other Antiemetics	Prokinetic		
	Metoclopramide	20 mg IV	\$1.70
	Phenothiazines		
	Promethazine	6.25 mg PO	\$0.08

Try to avoid patient having PONV in recovery up to 6 hours after surgery

Educational page 1 of 2- page Flyer

MPOG/ASPIRE PONV PRACTICE

Risk Factors of PONV:

- Female gender
- <50 years old
- Non-smoker
- Surgery type: GYN, laparoscopy, cholecystectomy
- History of PONV/ motion sickness

Ways to Reduce PONV Risk:

- Avoid GA, use regional when possible (A1)
- Use Propofol for induction, maintenance (A1): For TIVA, still consider using additional antiemetic agents
- Avoid VA (A2)
- Avoid N2O use for >1hr (A1)
- Minimize opioid use (A1): Evidence suggests prophylactic IV Acetaminophen, Alpha-2 Agonists, COX2 inhibitors and NSAIDs
- Adequate hydration (A1) 10-30mL/kg

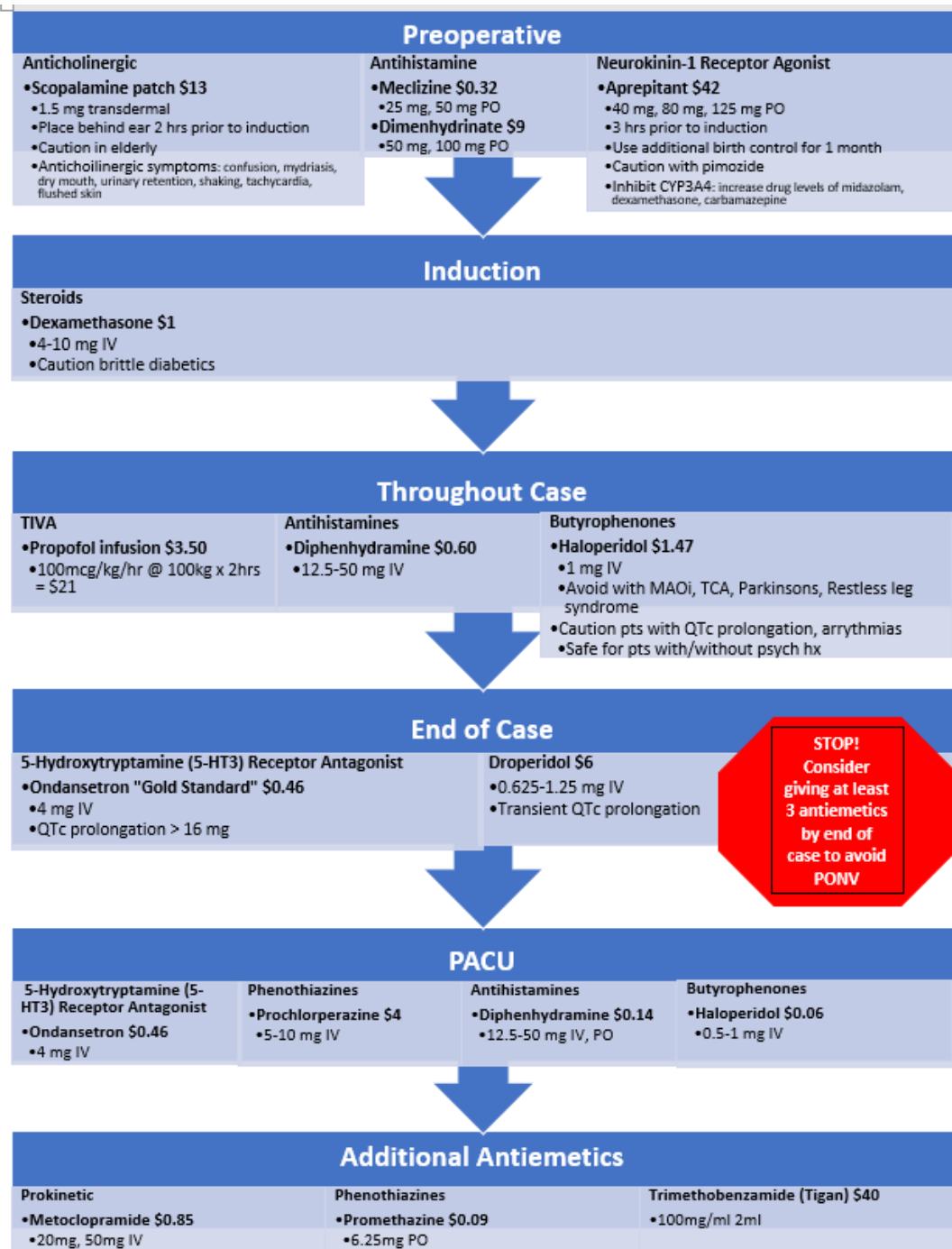
PONV Goals:

- Administration of 2+ prophylactic antiemetics of different classes if 1-2 risk factors
- Administration of 3+ prophylactic antiemetics of different classes if 3+ risk factors
- *Ideally, consider giving 3+ antiemetics for all patients having general anesthesia!*

Who is this for?:

- ≥18 years old
- Receiving general anesthesia
- ≥1 risk factor for PONV
- When should antiemetics be given? Preop to intra-op

Educational page 2 of 2- page Flyer



How We Educate

EPIC change newsletter with BPAs listed

Monthly System Newsletter with PONV as focus

Educational flyer distribution

Provider Meeting reminders and education

Future Process Improvement

- Standardizing anesthesia medication carts across the system
- Include several antiemetic medications in the updated drawer layout
- We have added Haldol which currently has to be retrieved from the Pyxis