

NUTH PONV RISK SCORING SYSTEM AND MANAGEMENT GUIDELINES

ACUTE PAIN SERVICE

Evaluate risk of PONV using 5 point scoring system

Female 18 - 65 = 1 point
Post-op opiates = 1 point
Non-smoker = 1 point
History of PONV = 2 points

Low risk patient
Score 0 - 1

Prescribe PRN anti-emetic(s)
only

Moderate risk patient
Score 2 - 3

Give single agent anti-emetic
prophylaxis
and prescribe PRN anti-emetics

High risk patient
Score 4 - 5

Give 2-3 agent anti-emetic
prophylaxis and Consider
regular + PRN anti-emetics

Consider
Regional anaesthesia
Avoidance of nitrous oxide
Fentanyl PCA / avoid opiates

Patients with previous history of
PONV despite use of
above measures – consider TIVA

ANTI-EMETIC DRUG PROFILE

ANTI-EMETIC DRUG	SITE OF ACTION	USUAL ADULT DOSE	ADMINISTRATION TIMING	DURATION OF ACTION	ADVERSE EFFECTS	COMMENTS	NUMBERS NEEDED TO TREAT
Dexamethasone	Unknown	4-8 mgs (I.V)	On induction	Up to 24 hrs	Flushing, genital itching and hyperglycemia	A single dose is well tolerated but repeated doses may lead to avascular necrosis of the femoral head	4 mgs = 7 8 mgs = 3.6
Ondansetron (Zofran)	5-HT3	4-8 mgs (I.V)	Give at end of surgery for greatest efficacy	Up to 24 hrs	Headache, light-headedness and elevated liver enzymes	More effective for vomiting than nausea	4 mgs = 5.72 8 mgs = 5.1
Cyclizine (Valoid)	H1	25-50 mgs (I.V)	20 mins before the end of surgery.	Anti-emetic effect after 2 hrs. Lasts for 4 hrs	Sedation, dry mouth, blurred vision, dizziness, hypotension and extra pyramidal effects	Dilute with water up to 10 mls and give as slow IV bolus	50 mgs = 4 to 5
Metoclopramide (Maxolon)	D2	10 mg (I.V)	Not effective for prophylaxis.	Up to 6 hr	Sedation and hypotension and extra pyramidal effects	Consider for rescue if gastric stasis present	10 mgs = 9 to 10
Prochlorperazine (Stemetil)	Weak D2	12.5 mgs (I.M)	Give at end of surgery	4-6 hrs	Extra pyramidal effects, hypotension, arrhythmias, dry mouth and blurred vision	Effective in patients undergoing middle ear surgery	No data found
Haloperidol (Haldol)	CTZ	1-2 mgs (I.V)	Give 30 mins before the end of surgery	4 hrs	Sedation, extra pyramidal effects	Avoid in patients with acute cardiac syndromes. More effective for nausea than vomiting	2 mgs = 3.2 to 5.1