PONV prophylaxis audit

Please check with your local ethics service or governing body about the process requirements for auditing your own practice.

Data form no. ____

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<th>DETAILS</th>
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<td>Procedure</td>
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**PONV RISK ASSESSMENT**

**Risk documented:** Yes / No

If No: (tick from patient record)

- **Patient factors**
  - History of PONV/Motion sickness
  - Female
  - Non-smoker

- **Environmental factors**
  - Postoperative opioids
  - Emetogenic surgery

**Overall risk:** (circle)  Low (0-1) / Moderate (2) / High (3)

**ANTIEMETIC INTERVENTIONS USED**

- None
- Dexamethasone 4-5 mg iv at induction
- Droperidol/Haloperidol at end of case
- 5HT3 antagonist
- NK-1 receptor antagonists
- Scopolamine (trans-dermal)
- Perphenazine
- Dimenhydrinate
- Propofol subhypnotic dose infusion or Propofol in PACU (rescue only)
- Propofol anaesthesia
- Regional anaesthesia
- Non pharmacological: acupuncture

**Comments**