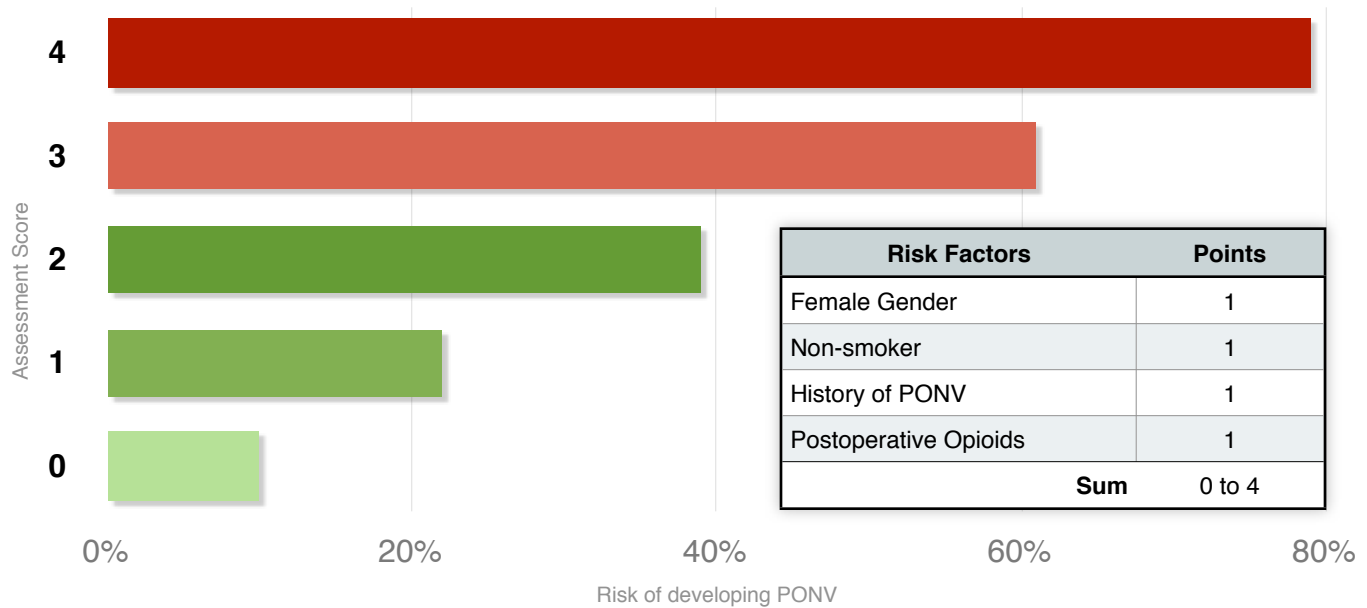


POSTOPERATIVE NAUSEA and VOMITING RISK ASSESSMENT



SAMBA RECOMMENDATIONS¹

0 10% No prophylaxis needed			
1 10–20%	2 30–40%	3 50–60%	4 70–80%
LOW RISK	INTERMEDIATE RISK		HIGH RISK
One first line drug (Serotonin antagonist)	One or more drugs from multiple classes		Two or more drugs from multiple classes

TREATMENT OPTIONS

Antimuscarinic (M1): scopolamine transdermal 4 hours prior to surgery.^{2,3}

Steroid: dexamethasone (Decadron) 4-5mg IV at induction.²

Antidopamine/histamine (H1): promethazine (Phenergan) 6.25-25mg IV at induction.²

Serotonin (5-HT3) antagonist: ondansetron (Zofran) 4mg IV at end of surgery.²

Sympathomimetic (B1&B2): Ephedrine 0.5mg/kg IM at end of surgery.²

REDUCTION STRATEGIES

12%

Avoidance of nitrous oxide:
Relative risk reduction = 12%

19%

Use TIVA with propofol:
Relative risk reduction = 19%, NNT⁴ = 5

9x

Use regional or neuraxial anesthesia:
9-fold reduction in PONV

RESCUE STRATEGIES

Use a different medication from a **different drug class** than failed prophylaxis.

Do not use steroid as a rescue medication.