The Christie NHS
NHS Foundation Trust

Nursing Forms: Nausea and Vomiting Assessments

Assessing nausea and vomiting

Data are recorded on each episode of nausea and/or vomiting for all patients admitted to a ward at The Christie using an electronic nursing assessment form. This enables the patient's condition to be carefully monitored and ensures the appropriate care plans are generated and acted upon. It also allows us to assess and monitor rates of nausea and vomiting among all our patients over time with the ensuring standards are being maintained and to identify any ways in which services can be improved.

1850 patients were admitted for at least one night (non-day cases) to The Christie over a period of four months January to April 2015. Median age of patients with admission in January – April was 61 years. Patients admitted as emergency were on average 3 years older than patients admitted via the planned admission route (62 years versus 59 years) (Fig 1).

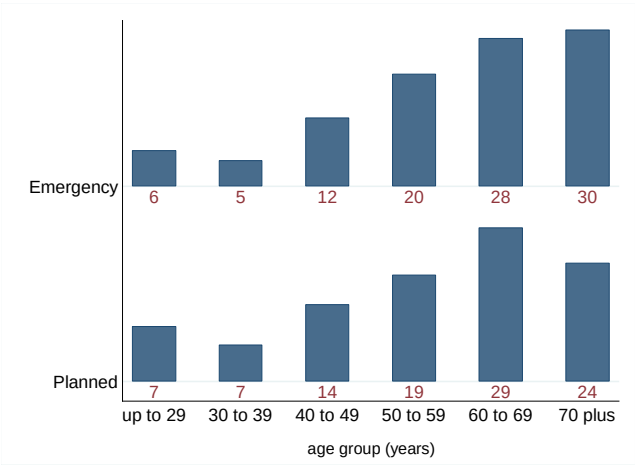

Fig 1. Age distribution of patients admitted by type of admission. Numbers under the bars are % of patients in that age group for each type of admission.

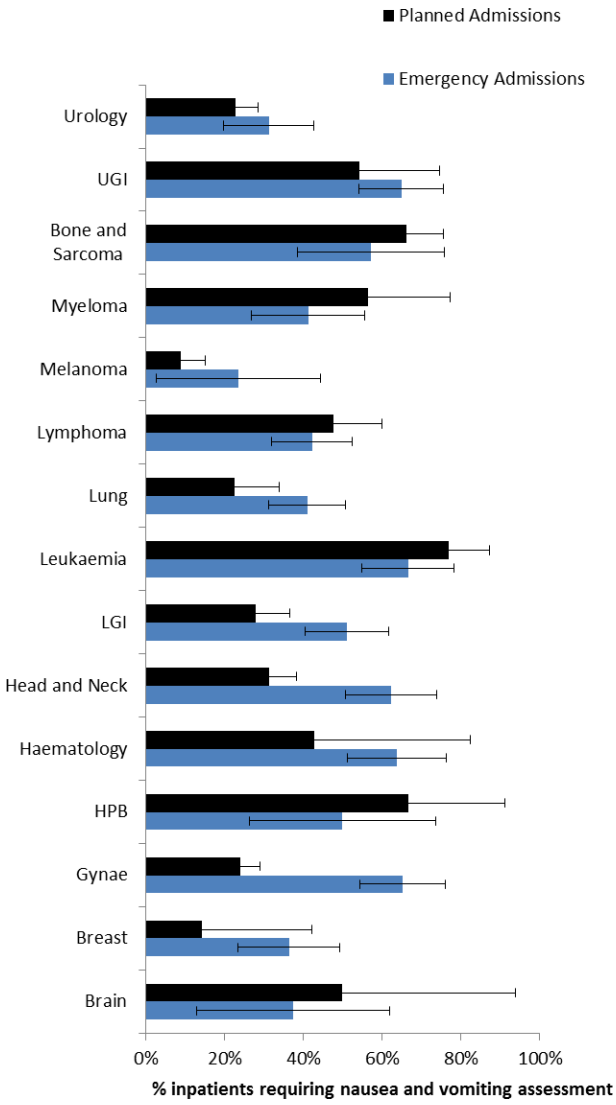

Fig. 2. Percentage of patients requiring a nausea and vomiting assessment by type of admission and diagnosis. (error bars are 95% confidence intervals).

Assessing nausea and vomiting symptoms

Patients are assessed for nausea and vomiting routinely throughout their stay. Of the inpatients admitted during our analysis period, 30% had symptoms of nausea and/or vomiting at some point during their stay. Inpatients admitted as emergencies were more likely to experience nausea and/or vomiting (50% of emergency admission patients) than inpatients admitted via planned admissions (31% of planned admission patients). Of those patients admitted as emergency admissions, 19% reported nausea and/or vomiting as one of the reasons for the emergency admission. Nausea and vomiting incidence also varied by diagnosis (Fig 2).

Nausea, vomiting and length of stay

Patients admitted as emergency admissions have longer inpatient stays on average than inpatients having a planned admission (median los: 5 days versus 3 days). For both admission types, patients with nausea and vomiting are more likely to stay in hospital longer than patients without nausea and vomiting (Fig 3).

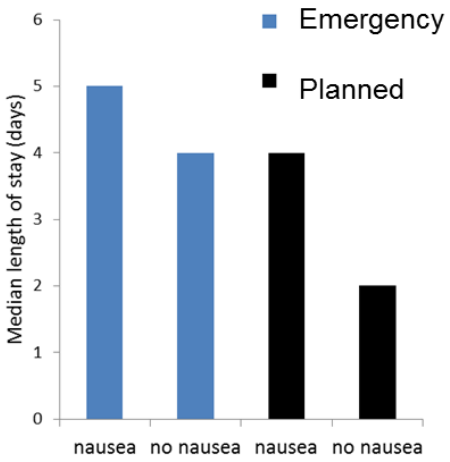

Fig. 3. Median length of stay (days) for patients with and without nausea and vomiting by mode of admission.

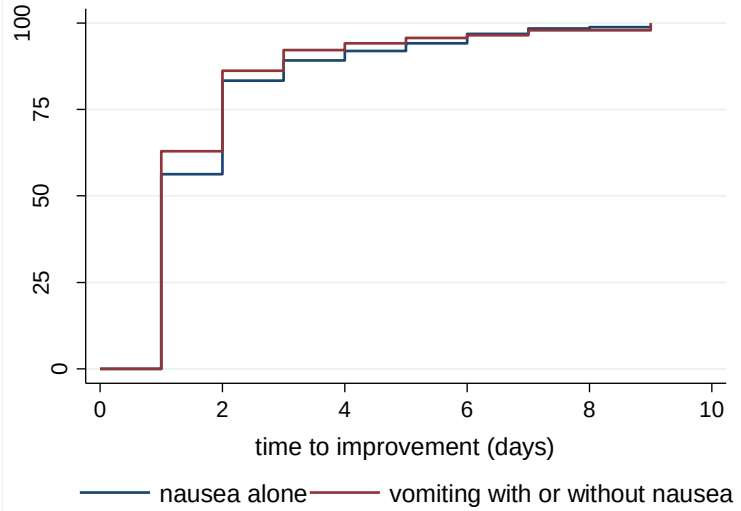

Fig. 5. Time to improvement by nausea/vomiting symptoms.

Nausea and vomiting : time to improvement

Of all admission events where patients experienced nausea/vomiting (nv), 51% involved both nausea and vomiting, 44% experienced only nausea and 5% experienced only vomiting.

In the majority of patients nausea and vomiting symptoms were improved within one day (Fig 4). Ninety percent of patients were improved within 3 days, with median time for improvement for all patients being 1 day. Patients with nausea alone took slightly longer to improve (83% of patients improved within 2 days) compared with patients who also experienced vomiting (86% of patients improved within 2 days) (Fig 6). Time to improvement was also slightly shorter for emergency admission patients compared with planned admission patients; 61% of emergency admission patients showed improvement within one day, 87% after 2 days whereas only 57% of planned admission patients showed improvement after one day, 80% after 2 days (Fig 6).

In seventy-one percent of patients symptoms were completely resolved before discharge - 70% of patients with nausea alone and 73% of patients with vomiting either with or without nausea.

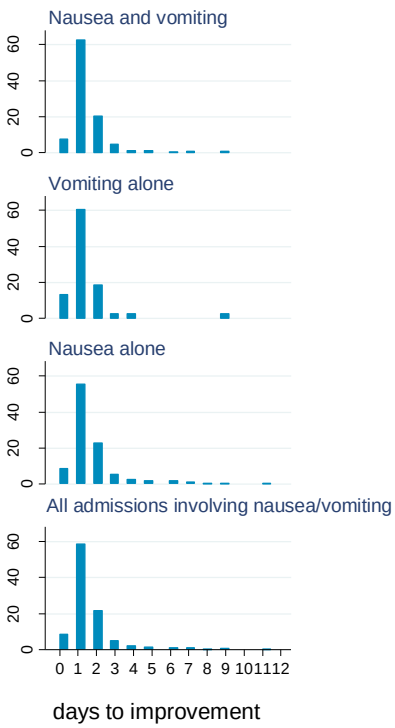

Fig. 4. Time to improvement of nv symptoms by type of nv symptoms.

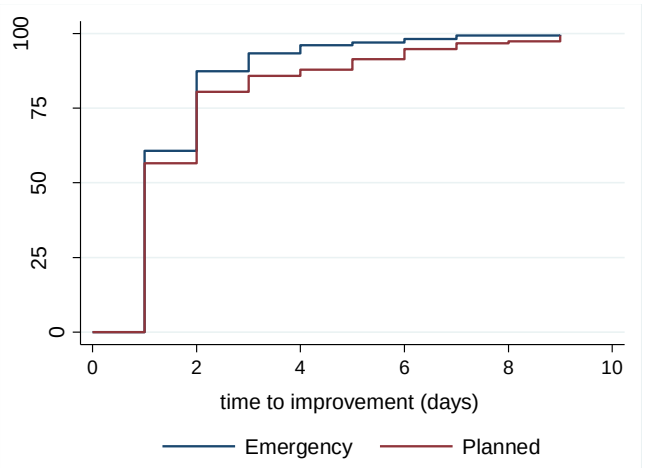

Fig. 7. Time to improvement of nv symptoms by type of admission.