

# MMGA PONV PROPHYLAXIS

## 0-1 Risk factors

- Dexamethasone 4 mg IV shortly after induction **AND**
- Ondansetron 4 mg IV prior to emergence.



## 2 Risk factors

- Add droperidol 0.625 mg IV prior to emergence.



## 3 Risk factors

- Add scopolamine patch prior to induction.



## 4 Risk factors

- Add aprepitant 40 mg PO prior to induction **OR**
- Add fosaprepitant 150 mg IV shortly after induction.



## 5 Risk factors

- Add propofol infusion. Either 25 mcg/kg/min and decrease volatile anesthetic, or as part of a TIVA.



*\*\* If any of the above medications are not available or contraindicated, then the next in line should be used.*

## MAC procedures

If narcotic is used, then patient should receive dexamethasone 4 mg IV early and ondansetron 4 mg IV late.



## Risk factors

in decreasing order of impact

1. Female genotype
2. High risk surgery (laparoscopic, bariatric, GYN, cholecystectomy)
3. Volatile anesthetic
4. History of PONV or motion sickness
5. Non-smoking status

## Additional information

- Dexamethasone 4 mg IV does not impact glycemic management in patients with diabetes.
- Droperidol 0.625 mg has the same impact on QTc as ondansetron 4 mg IV.
- Scopolamine, aprepitant and fosaprepitant have a 3-4 hour length of onset.