A continuing professional development article helped Marion Bowman improve the care of patients with post-operative nausea

Complications
I have become aware of factors that can inhibit good management of PONV, such as a lack of prophylactic antiemetic medication, ineffective patient education or limitations in staff knowledge. I have a greater understanding of complications that can impinge on good management and I better appreciate the importance of identifying risk factors pre-operatively.

Since reading this article, I have begun to question medical staff about the antiemetic drugs used, to ascertain the reasons for their choices and the effectiveness of the various drugs.

On one particular occasion, I nursed a patient who complained of severe nausea on her return to the ward following surgery. I found from her notes that she had not received any antiemetic drugs in theatre. Although I was able to administer the prescribed intravenous cyclizine followed by metoclopramide, which resolved the PONV, I believe the patient may not have been subjected to such severe symptoms had she been treated prophylactically.

Since pain and nausea control begin in theatre, I intend to discuss the issues of pain management and prophylactic use of antiemetics further with the anaesthetists who see patients pre-operatively. The effective management of PONV is clearly a multidisciplinary issue, from the initial stage of highlighting patients at risk to the use of prophylactic and treatment antiemetics. Optimum comfort and recovery for patients depends on good communication between disciplines, as well as with individual patients.

Marion Bowman is a staff nurse in Kent

This practice profile is based on NS95 Jolley S (2001) Managing post-operative nausea and vomiting. Nursing Standard. 15, 40, 47-52.

Sickness benefit

Wellbeing at work
As the HSE points out, team working can enhance employees' job satisfaction and their level of commitment to the organisation. It can promote their wellbeing at work and sometimes increase organisational effectiveness. It can be productive and great fun. It can also be a complete nightmare.

More often than not, personality clashes between team members take the blame when in fact the team may be in difficulties because it has no clear goals, no feedback or no consistency in what is expected. Add role conflict, lack of control over workload and having to wade through an acre of red tape to implement improvements in the workplace and you hardly need telling that the result is increased stress.

Bottom line: the message the HSE delivers is that achieving effective team working is complex and requires rather more judgement than luck. In the health service people's lives may depend on it.

Effective Teamworking: Reducing the Psychosocial Risks by Sharon Parker and Helen Williams, £15 from HSE Books on 01787 881165 or www.hsebooks.co.uk

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