

Exploring Nurses' Understanding of Anticipatory Nausea and Vomiting in Patients With Cancer

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PURPOSE: To explore nurses' self-reported understanding of anticipatory nausea and vomiting (ANV) in patients with cancer.

PARTICIPANTS & SETTING: 12 oncology RNs were recruited from University Hospital Limerick in Ireland.

METHODOLOGIC APPROACH: Data were collected via semistructured interviews and analyzed using a qualitative content analysis approach with a focus on the manifest content.

FINDINGS: The following themes were identified: (a) predispositions for and previous experiences with ANV, (b) distinct uncertainties surrounding the prevalence of ANV, (c) individual patient associations with ANV, (d) clear understanding of nausea and vomiting, (e) uncertainty surrounding the management of ANV, and (f) the negative impact of ANV.

IMPLICATIONS FOR NURSING: Although oncology nurses may understand the importance of assessing and treating patients on an individual basis throughout the course of treatment, formal ANV assessments are warranted to ensure the implementation of best practice. The findings of the current study can guide oncology nurses' approach to the assessment and management of ANV.

KEYWORDS nausea and vomiting; chemotherapy; oncology; assessment; symptom management

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According to the National Cancer Institute ([NCI], 2018), anticipatory nausea and vomiting (ANV) is a learned response to previous chemotherapy treatment and is identified as an experience of nausea and vomiting that may begin while patients are preparing for their next chemotherapy treatment (Roila et al., 2016). ANV can occur in response to the sights, sounds, and smells that a patient associates with previous treatment (Aapro, 2018; NCI, 2018; Roila et al., 2016). Entering the chemotherapy unit, seeing chemotherapy drugs, or even realizing that the next cycle of treatment is approaching can precipitate ANV (Aapro, 2018; Jordan, Schaffrath, Jahn, Mueller-Tidow, & Jordan, 2014; NCI, 2018). ANV is frequently presented in the literature as chemotherapy-induced nausea and vomiting (CINV) (National Comprehensive Cancer Network [NCCN], 2018; NCI, 2018). As a result, ANV and CINV are often not clearly differentiated.

Background

According to Dranitsaris et al. (2017) and Aapro (2018), as many as 40% of patients with cancer receiving chemotherapy fail to achieve complete nausea and vomiting control, with ANV occurring in 29% of patients with cancer (NCI, 2018). A study by Roscoe, Morrow, Aapro, Molassiotis, and Olver (2011) indicates that as many as 25% of patients will develop ANV by the fourth cycle of chemotherapy treatment. Female patients who are aged 50 years or younger are at a higher risk for developing ANV. Additional risk factors for ANV include experiencing nausea and vomiting following the last chemotherapy session, susceptibility to motion sickness, having a high level of anxiety, the emetogenic potential of the chemotherapy drug administered, and having a history of morning sickness during pregnancy (Aapro, 2018; Clark-Snow, Affronti, & Rittenberg, 2018; NCI, 2018; Roila et al., 2016). Previous studies have indicated that whether the patient experienced