



Is Aromatherapy a Patient Satisfier in Perioperative Areas?

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Abstract

- Aromatherapy, a nurse driven comfort intervention to promote well-being and relief of distressing symptoms, is a new comfort intervention in the Perioperative service areas .

EBP Question

- Is aromatherapy a patient satisfying intervention for the perioperative areas?

Process

- Place a cotton ball into a plastic or paper cup
- Apply 2 drops of the selected essential oil to the cotton ball – be careful to avoid spilling or contact with bare skin
- Replace lid to essential oil quickly & leave in the medication room
- Place cup in a plastic re-sealable bag labeled with name of the oil
- Patient can open bag & smell it as often as desired
- Once smell is gone, throw the bag into the trash
- Repeat as desired

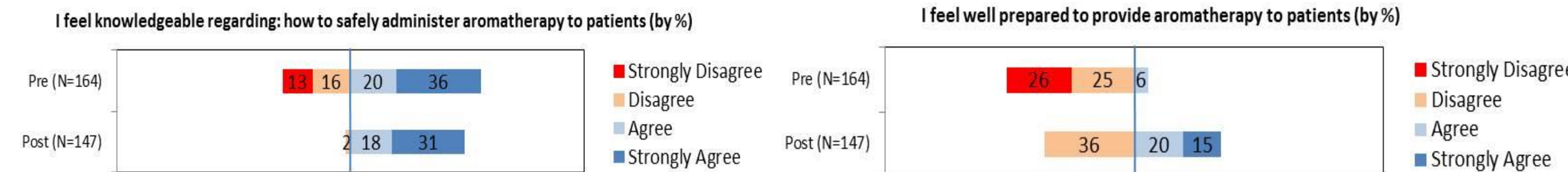


Evidence

- February 2014 (Hodge) randomized study of postoperative nausea found a combination of lavender, peppermint, ginger and spearmint oils to be an effective option for treatment in 54 patients.
- Lavender and ginger oils were found to be positively received by parents but were not statistically significant in reducing distress levels in 94 children. (Nord, 2009)
- Lavandin oil was found to be statistically significant for reducing preoperative anxiety in 150 adults. (Braden, 2009)
- A Cochrane Review in 2009 found no evidence peppermint oil decreases nausea, 2012 study found peppermint has been found to decreased gastric peristalsis. (Stea, 2014)

Methods

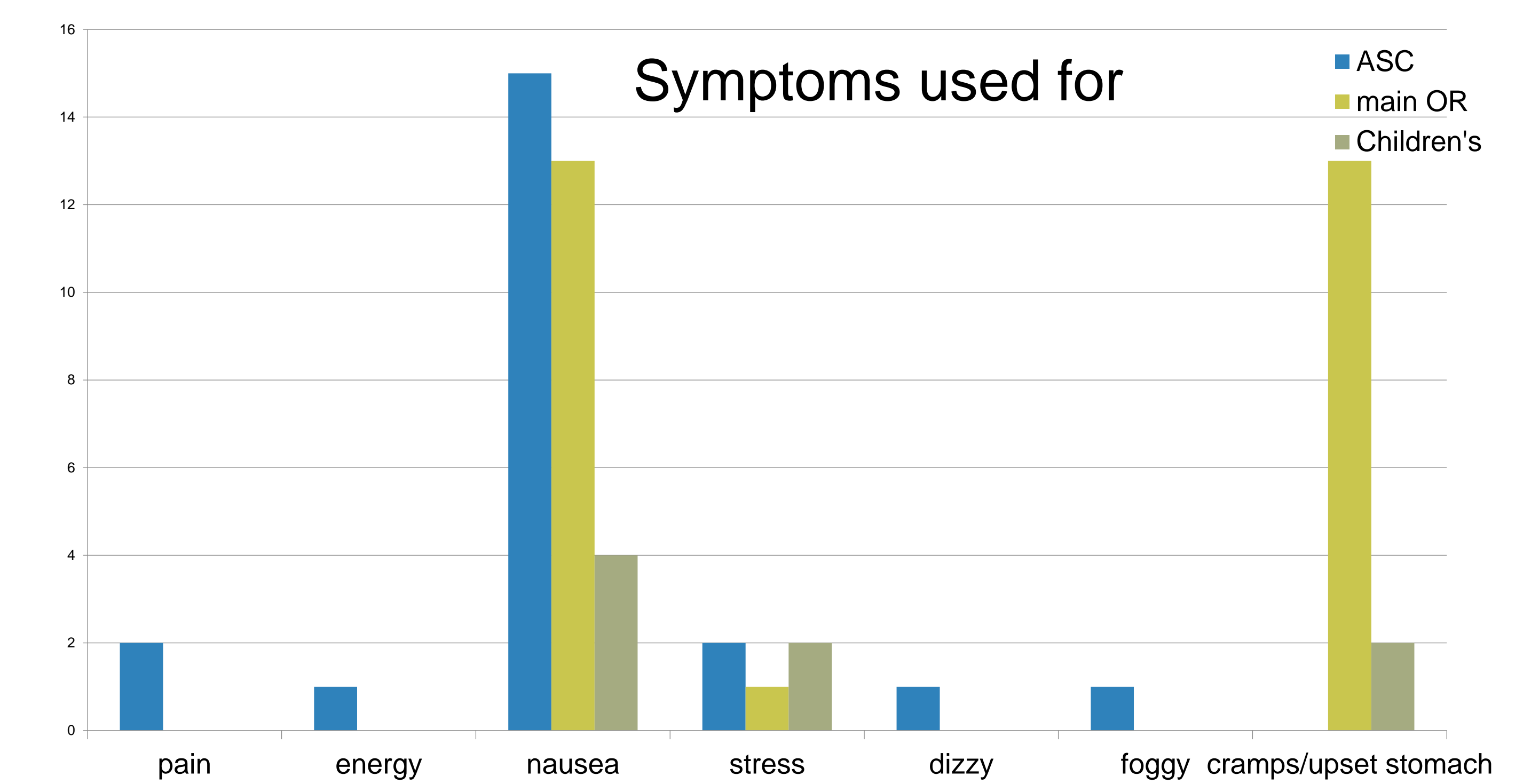
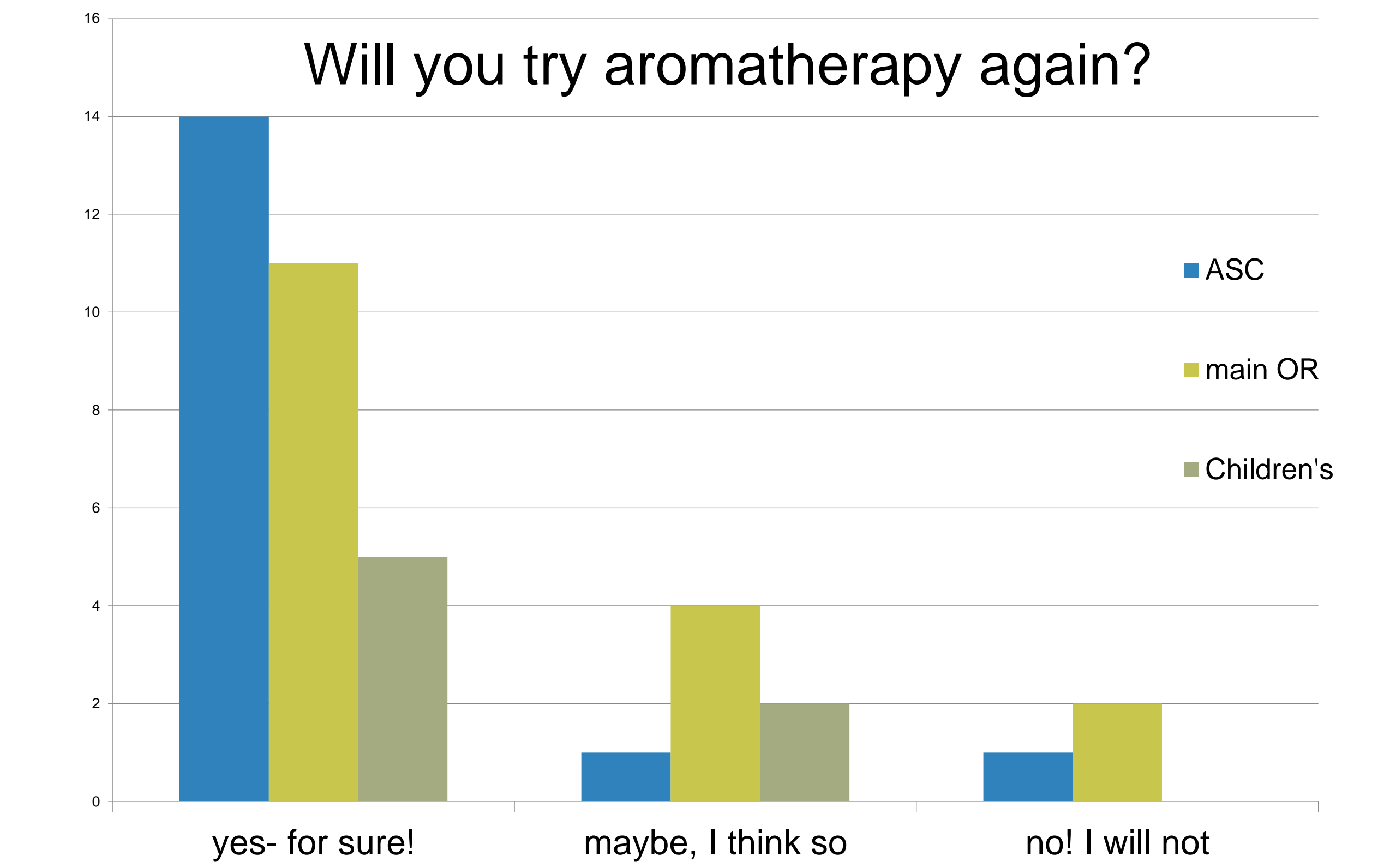
- Aromatherapy including 5 oils was implemented in the perioperative areas in May 2017 with a pre-survey of nurses' knowledge of aromatherapy completed before implementation. After implementation patient surveys were used to collect information. Approximately 10 weeks after implementation, a post survey of nurse's knowledge and the process was sent to nurses. Number of doses of Phenergan used in the last 6 months was also collected.



Essential Oil	Suggested Uses	Minimum Age
Ginger	Muscle aches Nausea Poor appetite Cramps Cough, congestion Sore throat	2 years
Lavender	Pain, headache Low mood Anxiety, agitation Insomnia Cramps/gas Cough, congestion	3 months
Lemon	Low energy Low mood Anxiety Concentration/memory problems Sore throat	6 months
Peppermint	Pain Low energy Anxiety/stress Fatigue Nausea Cramps/gas Cough, congestion	6 years
Sweet Orange	Anxiety Low mood Nausea Cramps/gas	6 months



Results



Results

- Aromatherapy has been used with at least 22 patients in the ASC. 14/22 patients said they would use it again, 1 said maybe, 1 would not, and 6 didn't reply.
- Pre survey showed 44% of nurses had no experience with aromatherapy; only 4% of nurses had administered aromatherapy before implementation. 10 weeks later 32% had administered. Doses of Phenergan showed no decrease in the last 6 months.
- Nurses and/or the patient are able to select the oil to be used based on suggested uses from the literature. Nausea was the most common reason for using the oils. Patients also commented other ways the oils helped them by calming, decreasing anxiety, comforting, relaxing, distracting and waking them up.

Implications

- The majority of patients and families liked using aromatherapy. This is a nurse driven intervention that can be used for a wide range of comfort issues for patients including nausea, pain, anxiety, cramps, and distraction in the peri-anesthesia areas.

