

# Aromatherapy to the Rescue for Postoperative Nausea and Vomiting



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## Purpose

The purpose of the project provided an alternative method of relieving postoperative nausea and vomiting (PONV) and postoperative discharge nausea and vomiting (PDNV) in the phase I/phase II post anesthesia setting. It is important to enlighten nurses and patients regarding alternative treatment modalities of PONV/PDNV using aromatherapy.


### What is it?

- Quease Ease:
  - A simple blend of essential oils: Peppermint, Spearmint, Lavender and Ginger
  - All with known anti-nausea and/or calming properties offered in a convenient delivery system for safe and effective inhalation use.
  - Is recognized by the FDA as safe to consume, requiring no additional regulation or classification when inhaled.
  - Is not a drug, it does not have to be controlled or dispensed by the pharmacy.
  - Simply regarded as a supply item such as an alcohol prep pad or an emesis basin.



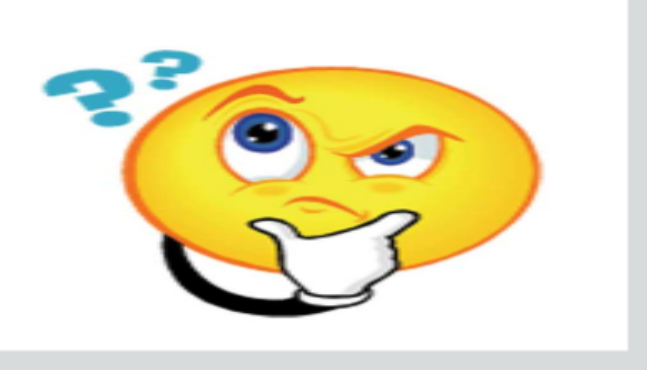
### Major Risk Factors for PONV

- Female gender
- Non-smokers
- Motion sickness
- History of PONV




### Why should we trial Quease EASE?

- Post operative nausea/vomiting (PONV):
  - Occurs 30-37% surgical patients
  - Most common complaint after surgery
  - Patients will even postpone surgery if noted to have a history of PONV
  - Common cause of delay in hospital discharge
  - Increases health care costs
  - Major cause of patient dissatisfaction with the surgical experience



### How it works:

- Studies show aromatherapy is used to treat PONV
- Through simple olfaction, the pleasant aroma of the essential oil blend sends a chemical message to the brain to produce rapid relief from queasiness.
- The Quick Tab is reusable for 48 -72 hours as often as needed.
  - Patient can use the product after discharge
  - To support motion sickness
  - Post discharge nausea/ vomiting (PDNV)



### What will the patient like best about Quease EASE?

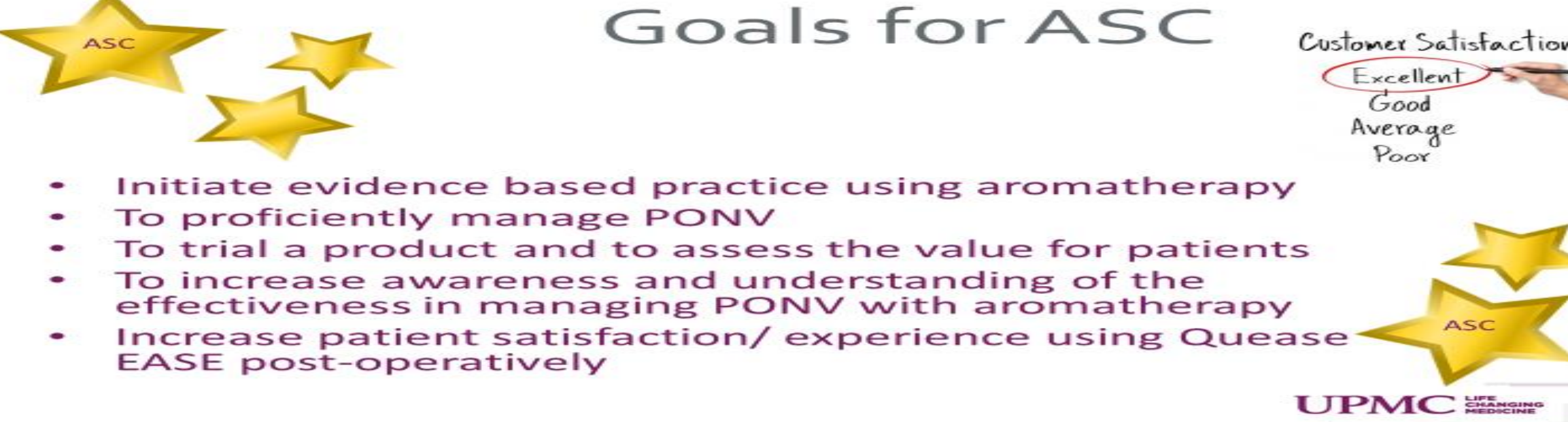


- Gives the patient a sense of control over their condition
- Improves their experience
- Expedites their recovery
- Readily available: no doctor's order required
- Portability: able to take home and reuse the product if needed

### Goals for ASC

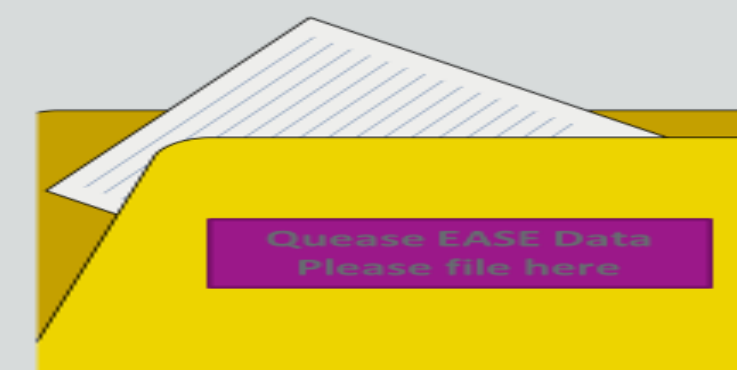
- Initiate evidence based practice using aromatherapy
- To proficiently manage PONV
- To trial a product and to assess the value for patients
- To increase awareness and understanding of the effectiveness in managing PONV with aromatherapy
- Increase patient satisfaction/ experience using Quease EASE post-operatively

Customer Satisfaction: Excellent, Good, Average, Poor



### Methods

- Preop: Screen patient for history of PONV during the preop phone call
  - If yes: document in the preop assessment form
  - Indicate patient has history of PONV on yellow communication sheet
- Educate patients preop regarding the availability of Quease EASE for PONV
- If patient has PONV, use Quease EASE first, if patient refuses Quease EASE, medicate with MD order for antiemetic
- If Quease EASE is not effective after 5 minutes, administer MD order for antiemetic.
  - Patient can continue to use Quease EASE along with IV antiemetic
- Instruct patient to use Quease EASE as often as necessary
- Give discharge instructions regarding the use of Quease EASE for home
- Patient will receive a follow-up phone call 24 hours postop
- Nurse will complete the Quease EASE Data Collection Tool and place in the Quease EASE labeled folder in Pods B and C
- The P1 nurse will collect the forms and place with the postop phone call list

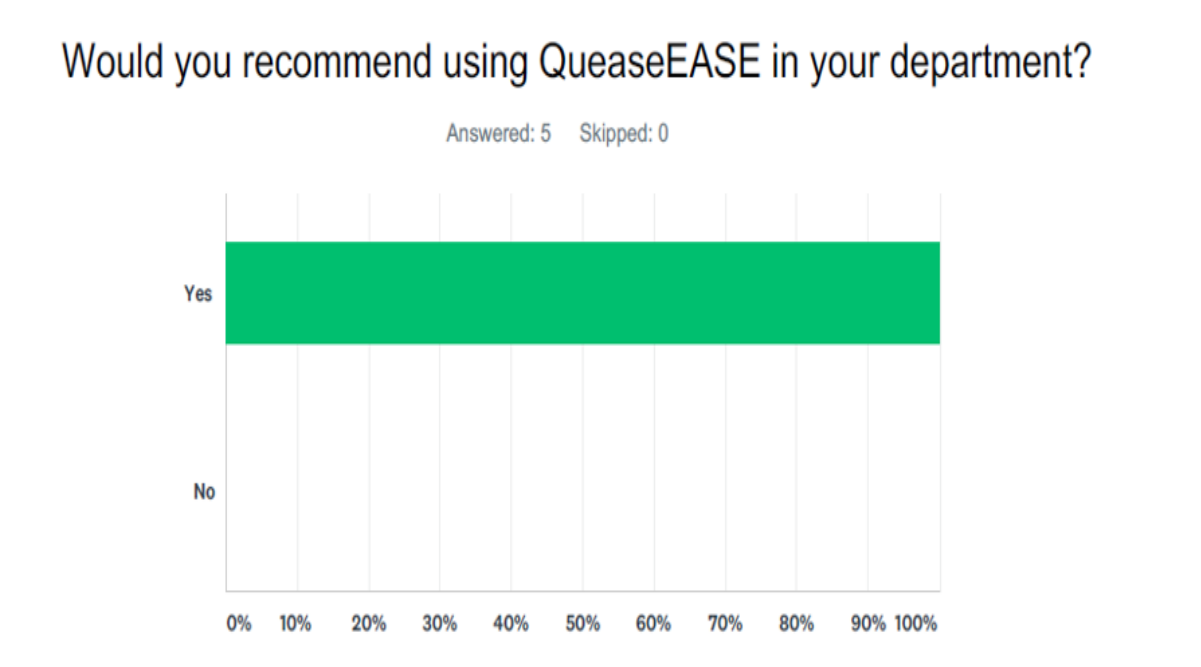
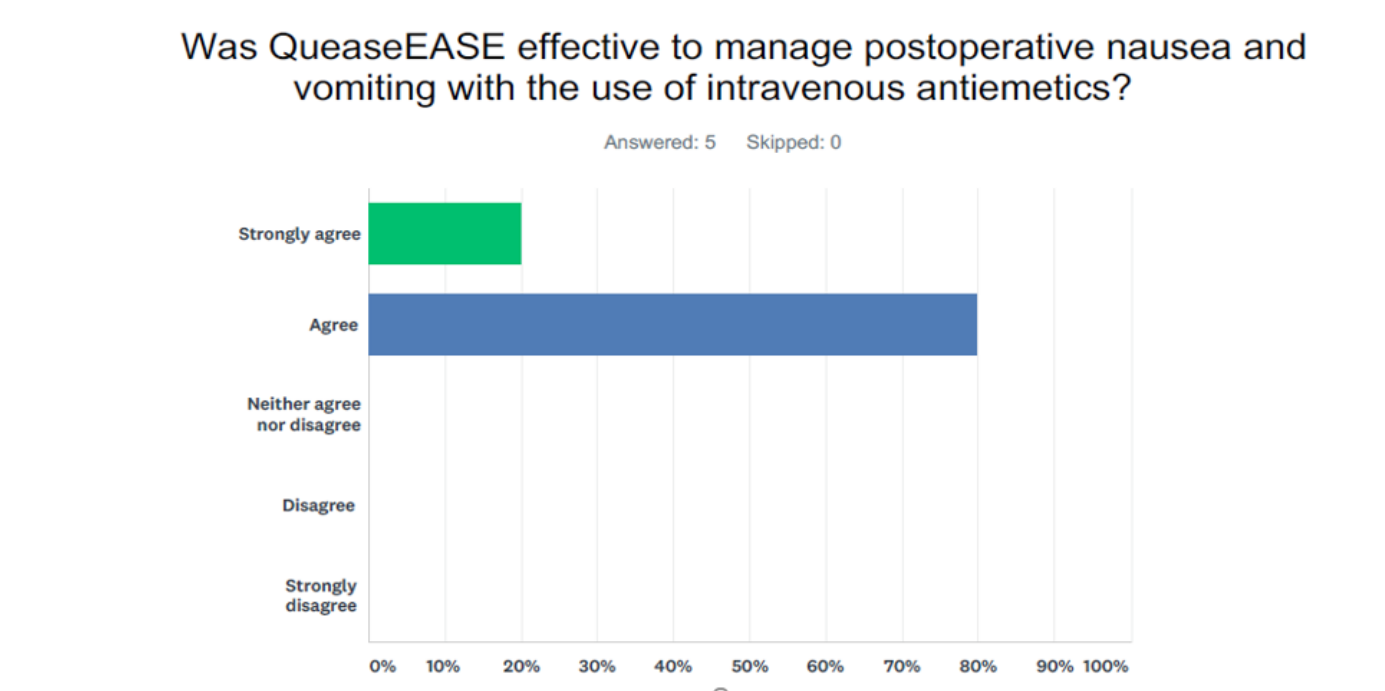
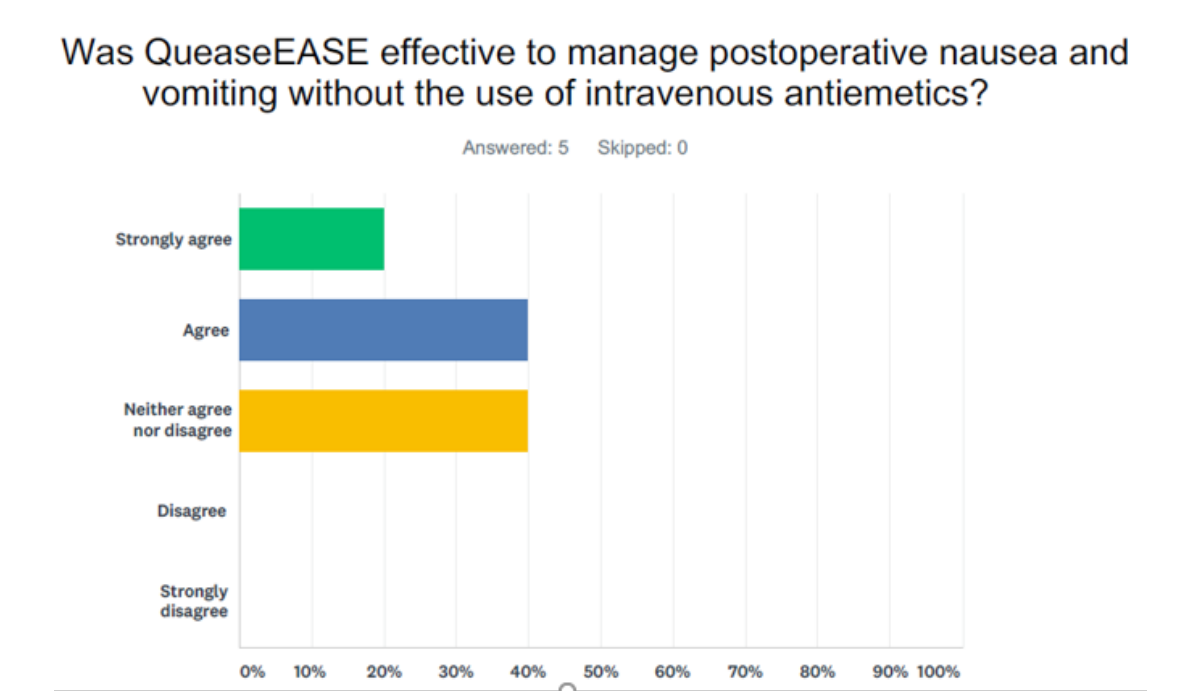


### References

- www.soothingscents.com/medical
- BRIGGS, P., Hawrylack, H., & Mooney, R. (2016). Inhaled peppermint oil for postop nausea in patients undergoing cardiac surgery. *Nursing* 2016, 46(7), 61-67.
- Perruggiani, L., Ragione, R., Rish, R., & Lock, K. (2012). The effect of aromatherapy on postoperative nausea in women undergoing surgical procedures. *Journal of PeriAnesthesia Nursing*, 27(4), 246-251.
- Hodge, N., McCarthy, M., & Pierce, R. (2014). A prospective randomized study of the effectiveness of aromatherapy for relief of postoperative nausea and vomiting. *Journal of PeriAnesthesia Nursing*, 29(1), 5-11.
- Johnson, J., Rivard, R., Griffin, K., Kolste, A., & Joswiak, D. (2016). The effectiveness of nurse-delivered aromatherapy in an acute care setting. *Complementary Therapies in Medicine*, 25, 164-169.
- McIlvoy, L., Richner, L., Kramer, D., Jackson, R., Shaffer, L., Lawrence, J., & Inman, K. (2015). The efficacy of aromatherapy in the treatment of post discharge nausea in patients undergoing outpatient abdominal surgery. *Journal of PeriAnesthesia Nursing*, 30(5), 383-388.

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## Results



Patient Demographic n=40

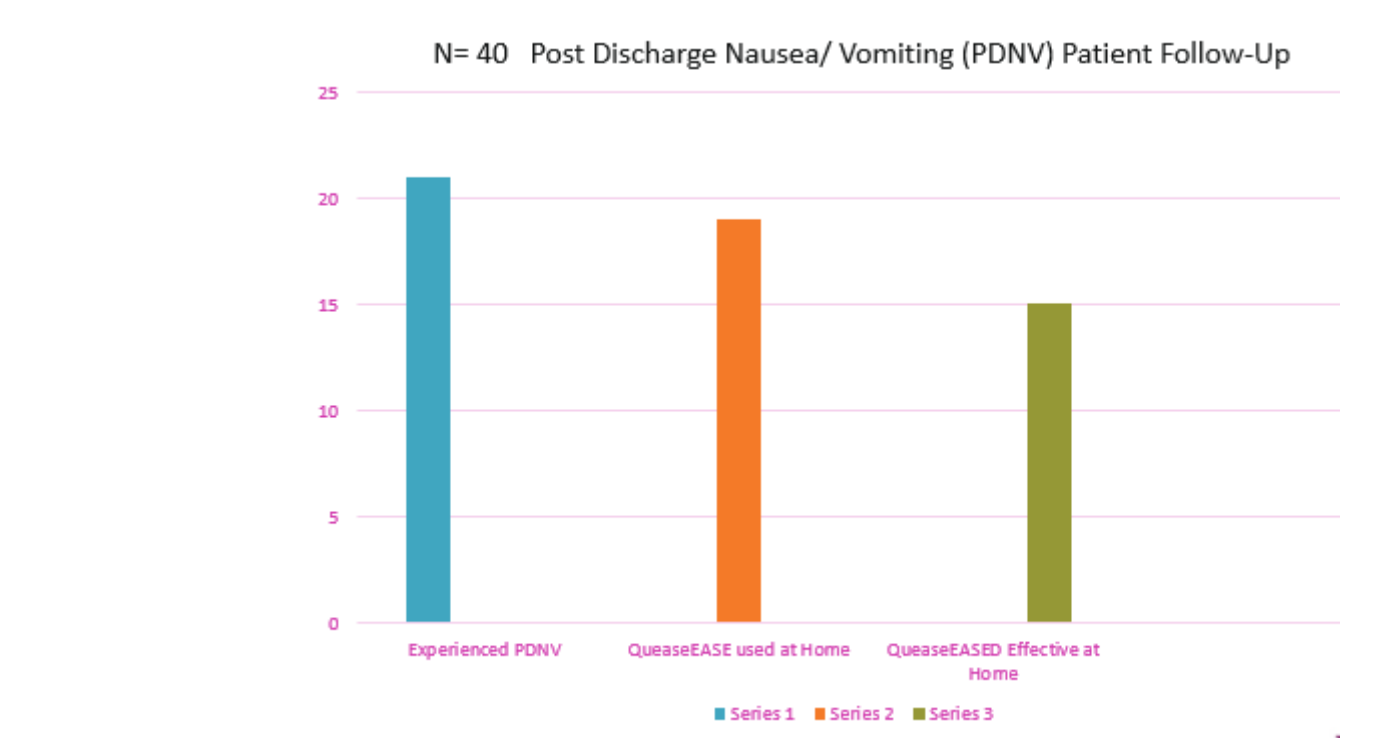
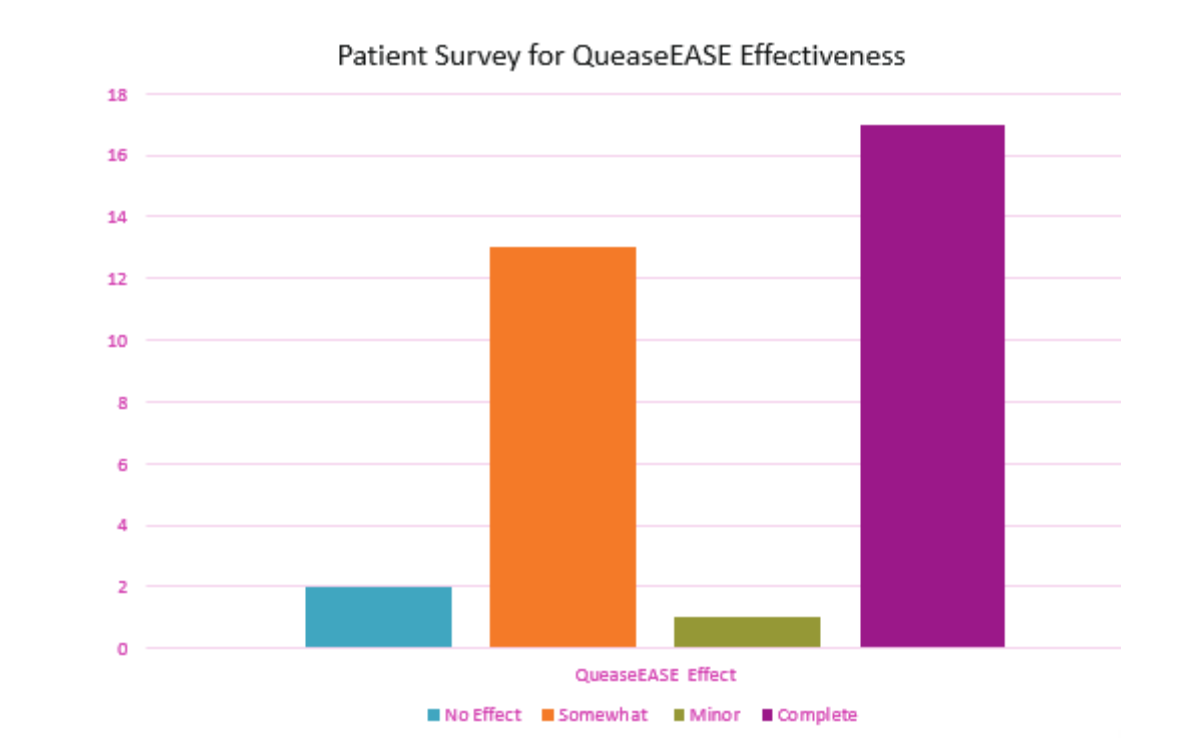
Age in Years	Mean	SD
	51.7	18.33467

Gender	Percentage
Male	5
Female	95

Risk Factors	Percentage
Female	95
History of PONV	62.5
History of Motion Sickness	25
Smoking	12.5



### Nursing Implications: What Next?

- Quease EASE is nurse driven~ no physician order
- Same Product can be used for 72 hours
- Quease EASE provides an option for motion sickness. Currently, there is no other resource.
- Quease EASE was approved by Anesthesia VAT.
- GGen07: Aromatherapy guideline: Added Quease EASE product.
- Presented GGen07 to Medical Executive Committee for product approval for PACU, ASC and DAS.