Aromatherapy Using Pre-Mixed Essential Oils
A Non-Pharmacologic Intervention for Postoperative Nausea and Vomiting
Ronald M. Malit BSN, RN, CPAN, CAPA & Paschale Dorismond-Parks BSN, RN, CPAN
Houston Methodist Sugar Land Hospital
Sugar Land, Texas

Pilot Implementation:

Relief of PONV After 5 Minutes of Aromatherapy

<table>
<thead>
<tr>
<th>Initial Complaint of PONV in PACU</th>
<th>Total Relief with Aromatherapy</th>
<th>50% Moderate Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>63% Mild Nausea</td>
<td>44% No Change</td>
<td>25% No Change</td>
</tr>
<tr>
<td>18% Severe Nausea</td>
<td>56% Total Relief</td>
<td>25% Some Relief</td>
</tr>
<tr>
<td>19% Moderate Nausea</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n=43

Results

Post Change in Practice:

Total Relief of PONV with Aromatherapy

<table>
<thead>
<tr>
<th>Post-op Aromatherapy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rescue medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instinct continued use of aromatherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aromatherapy pod sent with patient to inpatient unit of home</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Algorithm for Post-op Aromatherapy

Post Change in Practice:

Total Relief of PONV with Aromatherapy

<table>
<thead>
<tr>
<th>Relief with Aromatherapy with Antiemetics</th>
<th>Total Relief with Aromatherapy Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief with Aromatherapy with Antiemetics</td>
<td>15%</td>
</tr>
<tr>
<td>Total Relief with Aromatherapy Only</td>
<td>25%</td>
</tr>
<tr>
<td>Dec-15</td>
<td></td>
</tr>
<tr>
<td>Jan-16</td>
<td></td>
</tr>
<tr>
<td>Feb-16</td>
<td></td>
</tr>
<tr>
<td>Mar-16</td>
<td></td>
</tr>
<tr>
<td>Apr-16</td>
<td></td>
</tr>
<tr>
<td>May-16</td>
<td></td>
</tr>
<tr>
<td>Jun-16</td>
<td></td>
</tr>
</tbody>
</table>

Change in Practice Outcomes

- Agreement of EBP project team to continue using aromatherapy on all surgical patient populations.
- System-wide (8 hospitals) implementation started in March of 2017.
- Use of Aromatherapy as first intervention for PONV, unless contraindicated, is fully implemented and adapted in PACU
- Utilization of aromatherapy was maximized when it was made readily available for nurses at bedside, cutting back on travel time spent by nurses when retrieving supplies from medication room.
- Continued use for Aromatherapy both for outpatient and inpatient surgical population with sustained positive results.

Result Dissemination Outcomes

- EBP pilot implementation results and change in practice outcomes was presented to hospital-wide committees, increasing inquiries regarding use of aromatherapy from other nursing departments.
- Other departments (i.e. Labor and Delivery Unit (L&D)) started a concurrent session at the 2018 Magnet National Conference.
- EBP project presented as both poster and podium presentation in various local, regional, statewide, and national conferences. Recently presented as a concurrent session at the 2018 Magnet National Conference.

References