Aromatherapy in the PACU
Jill De la Vega BSN, RN, CCRN; Cheryl Gilliard BSN, RN; Laura Martinez MSN, RN; Beth Nardi MSN, RN, CAPA, CPAN; Nicole Pierce MSN, RN

Introduction
- Post-operative nausea and vomiting (PONV) is one of the most common and distressing anesthesia related complications after surgery.
- Of the patients that experience PONV, 30% of patients experience vomiting while 50% experience nausea. High risk patients may have rates up to 80% (Odom-Forren, 2018).
- Patients need alternatives to the pharmacological interventions already provided.
- Aromatherapy inhalers with ginger, lavender, spearmint, and peppermint are a complementary, homeopathic, and a non-pharmacological option.
- Benefits of aromatherapy include reducing pain, eliminating/managing headaches, providing allergy relief, and anti-emetic properties (Stoicea, N., et al., 2015).

Identification of the problem
- PONV can lead to post-surgical complications and cause a delay in patient recovery.
- When patients are involved in their care, there is an increase in compliance of medical care, it increases their mental well-being, improves patient compliance with post-operative care, patient outcomes, and promotes recuperation.

EBP Question / Purpose
- The purpose of this study is to determine if the use of aromatherapy will reduce the incidence of PONV in patients post-operatively.

Methods/Evidence
- Patients were asked if they would like to try an aromatherapy inhaler for potential PONV.
- The aromatherapy inhaler was then proactively dispensed to patients with on set of any nausea and/or vomiting (N/V) as a first line intervention.
- The PACU nurse completed the questionnaire and placed it in the designated locations. If the aromatherapy inhaler did not offer complete nausea relief, antiemetics were administered as ordered.

Findings/Outcomes
- 96 patients participated in this EBP project
- Mean age of participants: 49.4 ± 14.5 (range 18-85)
- 62 (64.6%) received aromatherapy for PONV.
  - 57 patients (91.9%) received the aromatherapy inhaler as a first line intervention.
  - The majority of patients who received aromatherapy found it beneficial, with 71% (n=58) reporting either moderate or complete relief from PONV.
  - Of patients who responded, N (90.2%) felt Quease Ease was beneficial.
  - The vast majority reported minor to complete relief, while only 3 had no relief.

Patient report of Relief with Quease Ease

<table>
<thead>
<tr>
<th>No relief</th>
<th>Minor relief</th>
<th>Moderate relief</th>
<th>Complete relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>14</td>
<td>16</td>
<td>25</td>
</tr>
</tbody>
</table>

Implications for Perioperative nurses and future research:
- Aromatherapy is a branch of herbal medicine, in which the essential oils are absorbed into the body, resulting in strong physiologic, emotional, and psychologic reactions that are considered beneficial.
- Using non-pharmacologic treatment such as an aromatherapy inhaler reduces the patient’s exposure to possible side effects they may endure from IV/IM medications administered and increase their satisfaction with their post-operative care.

Acknowledgements:
CCD6 Pre-op/PACU staff nurses, Dr. Glick, Dr. Cutter, Renee Puckic-Maisura Clinical Director of Perioperative and Procedural Services, Donna Morrone RN – Care Transition Coordinator

References: