

INCLUDING AROMATHERAPY FOR MANAGEMENT OF POSTOPERATIVE NAUSEA AND VOMITING, AN EVIDENCE-BASED PRACTICE PROJECT

Team Leader: Jennifer Amedio BSN RN CPAN CAPA CCRN PCCN
Houston Methodist Willowbrook Hospital, Houston, Texas

Background Information: Post-Operative Nausea and Vomiting (PONV) has a high occurrence in our Post Anesthesia Care Unit (PACU) which contributes to PACU delays in average of 29.6%. Research shows that one third of all surgical patients will experience PONV. We selected the Aromatherapy project to provide a more comprehensive multimodal approach for better management of PONV that could reduce PACU delays.

Objectives of Project: To include aromatherapy Quease Ease (QE) for the management of PONV to the current medication regimen in PACU and reduce PACU delays.

Process of Implementation: The project was reviewed by the Internal Review Board (IRB) and was determined to be an Evidence-Based Practice (EBP) project. The project involved adding the use of aromatherapy QE for treatment of PONV to the current antiemetic medication regimen. The following four measurements were obtained.

- **First Measurement**

Patients who experienced PONV were asked to rate their nausea on a Verbal Descriptive Scale (VDS) from 0-10. The first VDS rating was obtained upon onset of PONV and the second at 3-5 minutes following the aromatherapy.

- **Second measurement**

The percentage of those patients who did not require further treatment after receiving the aromatherapy was compared to those who did.

- **Third measurement**

A total of Promethazine and Ondansetron use for 3 months pre-treatment was compared to 3 months post-treatment.

- **Fourth measurement**

The amount of recovery time spent in the PACU during the pre-treatment months was compared to the post-treatment months.

Statement of Successful Practice:

Including the aromatherapy for PONV showed very significant results in all four measurements:

1. A reduced average nausea VDS rating of 2.82 after treatment with QE
2. A reduction of 37% of patients that did not require further antiemetic treatment after receiving the aromatherapy
3. A reduction of 43 Promethazine doses and 34 Ondansetron doses during the post-treatment months
4. A reduction of 6 minutes recovery time spent in PACU during the post-treatment months

Implications for Advancing the Practice of Perianesthesia Nursing: Adding aromatherapy to the current medication regimen provides a comprehensive multimodal approach for better management of PONV and reduces PACU delays as evidenced by the four measurements.