

Informing Policy Creation for the use of Aromatherapy in the Peri-operative Using Data Collection on Quality Improvement Metrics

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Abstract Background Information: Institutional approval granted the use of aromatherapy with post operative patients in the peri-operative area. There was no existing policy for this practice or standard of practice. Surveying staff when used for patients as a method for data collection informed the direction in creating a practice standard and policy submission specific to the peri-operative area.

Objectives of Project:

- Offer patients multimodal therapy for the treatment of nausea, pain and anxiety.
- Measure effectiveness of aromatherapy tabs when used for nausea, pain and/or anxiety in patients and staff.
- Measure perception when using aromatherapy in the peri-operative area for nausea, pain and/or anxiety.
- Utilize data to inform policy creation based on evidence-based practice and clinical experience

Process of Implementation: A Microsoft Forms survey was created. It assessed:

- a) patient and MRN;
- b) what aromatherapy scent was used. We currently offer Lavendar and Orange-Ginger;
- c) what symptom was aromatherapy used to address (anxiety, nausea, and/or low energy);
- d) effect of therapy (increase, decrease or no change); e) perception of use, Positive or Negative.

A policy template was created using this data and current evidence-based practice guidelines.

Statement of Successful Practice: 45 responses have been collected. 43% used for anxiety, 33% for nausea, 18% for other symptoms, and 6% for pain. 73% of the time used, a decrease in symptoms was reported. When used for patients 67% of the time, no medication interventions were needed. 100% of respondents reported a positive experience with aromatherapy use. Engaging bedside staff nurses and patient care technicians as data collectors has increased use of QR code for evaluation, therefore increasing amount of data collected.

Implications for Advancing the Practice of Perianesthesia Nursing: Empowering nurses to use multimodal therapies for nausea, pain, and anxiety in patients. Engaging peri-operative staff in data collection and policy creation to guide practice and initiate standards for new initiatives.