

## **AROMATHERAPY: A NON-PHARMACOLOGIC INTERVENTION FOR POSTOPERATIVE NAUSEA AND VOMITING**

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**Identification of the problem – Overview:** Incidence of Postoperative Nausea and Vomiting (PONV) is 15.5% among ambulatory patients at Houston Methodist Sugar Land Hospital (HMSLH) from May – June, 2015, and the unavailability of non-pharmaceutical therapy in the current PONV treatment modality.

**EP Question/Purpose:** Does the use of aromatherapy as an alternative treatment relieve PONV in PACU? To survey the effectiveness of aromatherapy as a rescue treatment in the prevention of immediate PONV, and include it as part of a multi-modal antiemetic therapy.

**Methods/Evidence:** Applying the Iowa Model of Evidence Based Practice, a two-member team was formed in collaboration with the Perioperative Clinical Practice Council. Initial steps included development of algorithm, inclusion/ exclusion criteria, and a data collection tool (using the Apfel Scoring System for patients' PONV Risk and Likert Scoring for the survey). Staff education focusing on administration algorithm and data collection followed. Between September to October 2015, 46 respondents were included in this EBP project, three patients were excluded. Utilizing the data collection tool, a survey was done in the immediate post-operative period (Phase 1 Recovery) and continued into Phase 2 AOD (Admission-Observation-Discharge). AOD nurses also conducted a survey during their follow up phone calls to evaluate its effectiveness within 24 hours after patient were discharged to home. Finally, a Nursing satisfaction assessment was done post implementation.

**Significance of Findings/Outcomes:** Preliminary results showed that aromatherapy was more effective in treating mild nausea than moderate nausea, and was not able to totally relieve severe nausea. Respondents who did not achieve total relief from nausea had 3+ Apfel risk score for PONV. Among respondents, only 40% required antiemetic decreasing usage by 60% when compared to past practice. A survey of all AOD and PACU nurses suggests that aromatherapy was easy to use, beneficial for the patient, and 100% recommended for inclusion to the multi-modal therapy for PONV.

**Implications for perianesthesia nurses and future research:** Favorable results of this EBP project prompted continued use of aromatherapy on all patients with PONV in the PACU and Day Surgery. Further recommendation for hospital wide use of aromatherapy and eventually system-wide adoption of it.