

## **AROMATHERAPY IN THE PERIANESTHESIA AREAS**

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**Identification of the problem- overview:** Aromatherapy, a nurse driven comfort intervention to promote well-being and relief of distressing symptoms, is new to the Perioperative service areas.

**EBP question/purpose:** Will implementing aromatherapy as an additional nurse intervention for surgical patients increase patient and staff satisfaction?

**Synthesis of Evidence:** Although the evidence is conflicting for using aromatherapy for decreasing nausea, there is evidence to support using to decrease anxiety and comfort. A review of the literature on aromatherapy found a Cochrane review in 2009 with no evidence peppermint oil decreases nausea. February 2014 (Hodge) randomized study of postoperative nausea found a combination of lavender, peppermint, ginger and spearmint oils to be an effective option for treatment in 54 patients. Lavender and ginger oils were found to be positively received by patients but were not statistically significant in reducing distress levels in 94 children. (Nord, 2009) Lavandin oil was found to be statistically significant for reducing preoperative anxiety in 150 adults. (Braden, 2009)

**Methods:** Aromatherapy including 5 oils was implemented in the perioperative areas in May 2017 with a pre-survey of nurses' knowledge of aromatherapy completed before implementation. Implementation included nursing education, obtaining oils from a supplier, and adding documentation to the electronic medical record. Patient surveys were collected and approximately 10 weeks after implementation, a post survey of nurse's knowledge and the process was sent to nurses. Number of doses of Phenergan used in the last 6 months was also collected.

**Significance of Findings/Outcomes:** Aromatherapy has been used with at least 22 patients. 63.6% said they would use it again. Pre surveys showed 44% of nurses had no experience with aromatherapy and only 4% of nurses had administered aromatherapy before implementation. Doses of Phenergan showed no decrease in the last 6 months. Nurses and/or the patient are able to select the oil based on suggested uses from the literature. Nausea was the most common reason for using the oils. Patients commented the oils also helped them by calming, decreasing anxiety, comforting, relaxing, distracting and waking them up.

**Implications for perianesthesia nurses and future research:** This is a nurse driven intervention that patients found satisfying for a wide range of comfort issues including nausea, pain, anxiety, cramps, and distraction in the perianesthesia areas.