The IOWA model was utilized. Modified and implemented the BARF and Likert scale.

Falco, D., Rutledge, D.N., Elisha, S. (2017). Patient satisfaction with anesthesia care: What do we know? Nursing Education for staff and families was developed and implemented.

Patients age 5 and improved from 2014 to 2016.

Inclusion criteria:
- Used a validated pediatric nausea/vomiting tool to measure PONV for patients
- MSN RN ACNS

Höhne, A., Hoehne, M., et al. (2014). The implementation of aromatherapy has shown to have a positive effect on PONV and should be considered to use as a complimentary therapy, or adjunctively with current practice antiemetics (Hodge et al., 2004).

Evidence

Problem/EBP Question

In pediatric post-operative patients ages 5-18, does aromatherapy reduce the incidence of PONV and therefore improve patient/family satisfaction when used adjunctively with current practice?

P: Pediatric post-operative patients
A: Aromatherapy
C: Current state/practice
O: Reduced PONV and improved patient/family satisfaction

Databases utilized were PubMed, Google Scholar, and CINAHL

Methods/Implementation

- The IOWA model was utilized.
- Education for staff and families was developed and implemented.
- Used a validated pediatric nausea/vomiting tool to measure PONV for patients
- Modified and implemented the BARF and Likert 0-5 nausea scale with authors permissions
- Choice of Ginger or Peppermint offered to patients with PONV
- A survey was developed for parents/patients to assess the effectiveness of aromatherapy

Inclusion criteria:
- Patients undergoing the following surgical procedures: orchidopexy, testicular/ovarian torsion, inguinal hernia, hydrocelectomy, tympanoplasty/mastoidectomy, and eye muscle correction.
- Patients age 5-18
- Exclusion criteria:
  - all other surgical procedures.

References

Findings/Outcomes

Pre-implementation data: 3 month period (7/1/2019-9/27/2019) of pharmacological and non-pharmacological interventions were collected and analyzed.

Post-implementation data: 3 month period (11/1/2020 – 2/28/2021) of same data in addition to PONV and patient satisfaction scores both pre and post aromatherapy implementation were collected and analyzed.

Post-implementation findings: 150 patients met inclusion criteria. 100 patients were eliminated due to failure to correctly complete the survey. Of the 50 surveys collected, only 20 were properly completed. An additional 12 surveys were eliminated due to patient denying nausea both pre and post intervention, therefore leaving the sample size of 6. Within this sample size, 6 reported a reduction in PONV and 2 reported no change or reduction in PONV.

Regarding patient satisfaction data: of the 20 completed surveys, 7 properly completed the satisfaction survey. With sample size of 7, 3 rated their experience “neutral” and 4 rated their experience “satisfied/ extremely satisfied”.

Limitations: This project was conducted during a global pandemic which brought unique challenges. Distributing the survey to inclusion patients was particularly difficult which directly effected completed survey rates. Another limitation included the inability to maintain adequate supply of both inhalers.

Implications

The use of aromatherapy is an integrative and holistic approach to help minimize patients’ experience of PONV. Patients achieved some relief which aids in decreasing the chance of potential complications. In addition, patients noted to have a more satisfactory post-operative experience in the PACU, along with the option to take home their single oil inhaler.

Future goals: integrate BARF tool/Likert scale into electronic medical record as an objective way to document PONV within the institution. Spread the utilization of aromatherapy inhalers as an adjunct to current practice for patients in all PACU sites.