



Peppermint



Lavender

**AROMATHERAPY IN THE PACU:
AMAZING SCENTS WITH PLEASING BENEFITS**
HEIDI KAUFMAN RN, MSN
TARA WRIGHT, RN
ICVAMC



Ginger



Spearmint



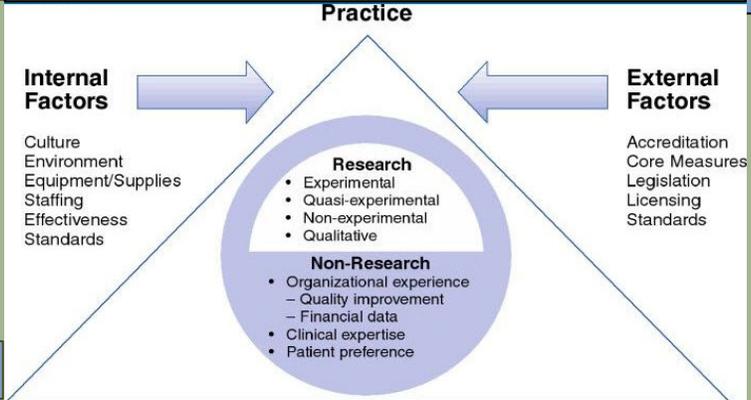
Identification of Problem

Post operative nausea is a common event associated with surgery and anesthesia. Signs of discomfort, dehydration, fatigue, and risks of aspiration could increase recovery time and surgical complications. Nausea/vomiting can increase costs, increase the need for additional medication, cause delays in PACU recovery time, and can delay transfers and discharge. Post operative nausea and vomiting also causes bed management delays and can decrease patient satisfaction of the hospital experience. Our study included the use of aromatherapy as the first line defense, given by the bedside nurse, without the need for a doctor's order. If the aromatherapy did not alleviate the nausea/vomiting, then an antiemetic was used.

Purpose of Study

The research project includes QueaseEASE (QE) application to the current use of the antiemetic medication management of PONV (post operative nausea and vomiting). The purpose of this research study was to determine if the use of Aromatherapy/Therapeutic Inhaled Essential Oil (TIEO) products in adult patients (ages 18 and older) could be used as a standalone treatment or as an adjunct with antiemetic medication for PONV in Phase 1 and Phase 2 recovery. The goal/purpose is to see a reduction of nausea with the use of aromatherapy, a reduction for additional antiemetic treatment after using the aromatherapy, and an increase in patient satisfaction after using aromatherapy.

John Hopkins EBP Model



Pico Question

P=In postoperative patients or post sedation patient decrease the use of a pharmacotherapy? Can Aromatherapy be used for the reduction of nausea/vomiting or as an adjunct to the order of an antiemetic?
I=Soothing Scents Aromatherapy/Therapeutic Inhaled Essential Oil (TIEO) worked without the use of a pharmacy drug or as an adjunct to decrease additional use of a pharmacy ordered medication.
C=Compared to current practice of an Antiemetic drug used as "go to" solution ordered from the pharmacy.
O=The use of Aromatherapy/Therapeutic inhaled essential oils (TIEO) used as a primary nursing intervention before the pharmacy medication.

Methods

A research study was done for this project. It was conducted in a 7 bay/bed PACU in the ICVAMC. Data collection began Feb 1st, 2021 and ended April 30,2021. Patients with nausea were assigned the product of a clip-on tab with the scent of Peppermint, Ginger, Spearmint and Lavender combined for the relief of nausea. Patients had a EBP Aromatherapy/Soothing Scents Data Collection Tool recorded for their stay in PACU (see below). All scales and/or nursing observation was used and only one number from each category assigned.

QueaseEASE Clip-ons were administered to the patient that was experiencing nausea/vomiting. The aromatherapy was passively used by clipping it on their pillow in their PACU stay. The four scents combined in the QueaseEASE are

- *Mentha balsamea* (Peppermint oil)
- *Zingiber* (Ginger oil)
- *Lavandula angustifolia* (Lavender oil)
- *Mentha spicata* (Spearmint oil)

Severity of Nausea or vomiting, or both after initiation of treatment
 1=Severe nausea with no sign of relief after aromatherapy use
 2=Less severe nausea with slight relief stated by patient and observation
 3=Slightly nauseous and feels better
 4=Nausea gone

Duration of nausea and vomiting or both after initiation of treatment:
 1= 0-5min 2=5-10min 3=10-15min 4=other

Any adverse reactions or events (skin rashes, dyspnea, headache, cardiac arrhythmias, hypotension, hypertension, or dizziness)? Yes/no

How satisfied was the patient with the administration and effects of aromatherapy? 1=very satisfied 2=satisfied 3=neutral 4=dissatisfied 5=very dissatisfied

A search of CINAHL, Cochrane Database of Systematic review, and PUB Med from 2011to 2019

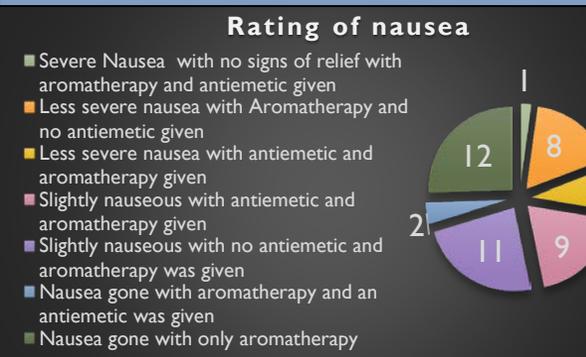


QueaseEASE

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Results



Recognitions

Thank you to everyone that participated, contributed, and supported the Aromatherapy Project! Special thanks to 4 East, PACU, and 5 East for the ongoing support and success of this project!

Conclusions

Aromatherapy is one way to manage PONV. The aroma of peppermint, ginger, spearmint, and lavender are pleasing to smell for most patients. QueaseEASE has been implemented throughout of ICVAMC, with other scents used for our mental health unit. SOP 22-165 has been written up for ICVAMC.

Implications for Nurses and future use

Peri anesthesia nurses are dedicated to helping the patient during the hospital recovery and having the latest research studies. Having these studies available is helpful to nurses practice to continue to help with nausea and vomiting. Ongoing research and studies will have to continue to be evaluated.