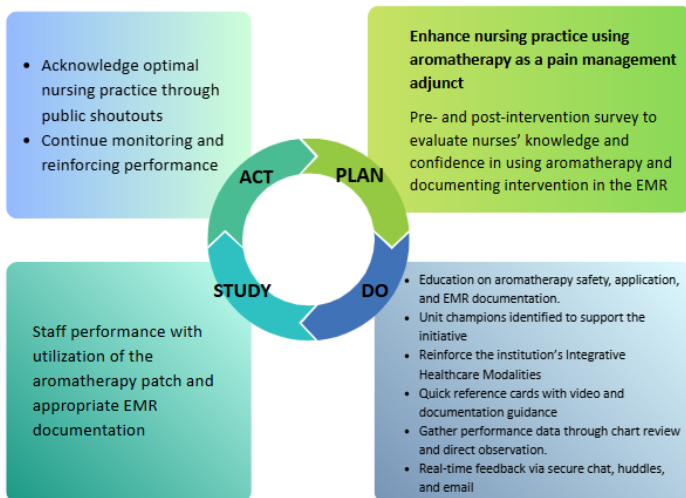


Background

- Acute postoperative pain has shifted from opioid-focused approaches to multimodal strategies that integrate pharmacologic and non-pharmacologic interventions to enhance patient comfort and reduce opioid-related risks
- The Joint Commission, Center for Disease Control and Prevention, and the American Society of Anesthesiologists support aromatherapy as a safe adjunct for postoperative pain management
- Practice guidelines at our institution promote integrative therapies, yet utilization in PACU remains variable. From April to June 2025, 18% of PACU nurses implemented and documented aromatherapy.
- The aim of this project is to increase PACU nurses' utilization and documentation of lavender-sandalwood aromatherapy from 18% to 95%, through staff education on its application, benefits, safety and proper documentation.

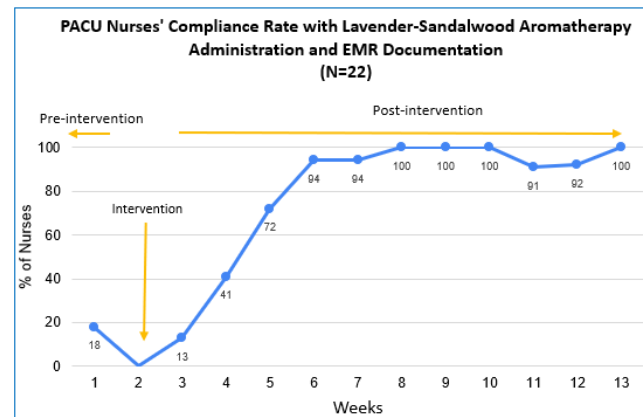
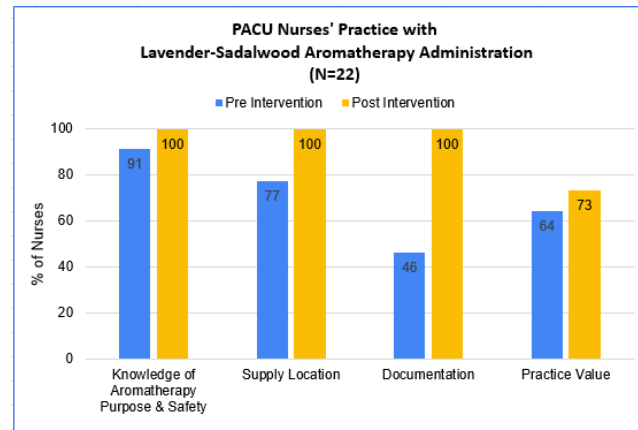
Methods

The PDSA quality improvement framework guided the assessment, planning, intervention, and evaluation



Key Findings

- Significant improvement in practice consistency, including current supply location identification and proper EMR documentation
- Targeted education and standardized training effectively addressed knowledge and practice gaps



Results

- Pre- and post-intervention surveys yielded (N=22) responses
- Nurses' knowledge of aromatherapy (purpose, safety, application, and documentation) improved 100% post-intervention, with a 73% increase in perceived clinical value
- Aromatherapy documentation compliance increased from 13% to 100% by week 8, with sustained performance through week 12
- Overall, the project demonstrated successful adoption and sustainability of aromatherapy as a non-pharmacologic intervention in postoperative pain management

Discussion

Structured education and standardization of aromatherapy practice effectively closed knowledge and performance gaps, leading to rapid adoption and sustained compliance by PACU nurses. These findings highlight the vital role of targeted education in translating evidence-based, non-pharmacologic interventions into routine clinical practice.

Conclusion

Targeted education and reinforcement significantly improved nurses' utilization and documentation of aromatherapy in the PACU. This project demonstrated sustained practice change and successful integration of a non-pharmacologic intervention into multimodal pain management

References

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