



Aromatherapy Pilot Project

Evidence Based Fellowship

Kelly Hyde RN, BSN, CMSRN & Maree Kniest RN-BSN, HNB-BC



June 11, 2019

"Never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such small matters the mustard seed germinates and roots itself" -Florence Nightengale



Project Significance

Our "why"



- Maree and Kelly both attended National Conferences in 2018
 - National Holistic Nurses Conference (Minnesota)-Maree
 - Essential Oils for Nurses Conference (Utah)-Kelly
- Increase in number of patients requesting aromatherapy for symptom management
- Working on Post-operative unit
 - A drive to enhance the role of the professional nurse by utilizing independent scope. Being able to offer additional comfort measures for symptom management (Anxiety, pain, nausea).
- Perceived RN knowledge deficit surrounding Aromatherapy; specifically how to use with patients
 - Opportunity to socialize aromatherapy for symptom management
- Prompted discussion of need to pilot implementation of Aromatherapy at OHSU
- Discovered concurrent Aromatherapy DNP project
- Identified gap in DNP project of educational initiatives for RN & patient

Process

- Literature review with focus on use of Aromatherapy in hospital settings
- Field trip to Salem Hospital
- Created a Walk-by educational display board
- Recruitment of Champions & Conducted RN inservices
- Created an aromatherapy box, instructions for use and a matrix matching symptoms with aromas
- Developed educational power point tool for nurses
 - Test potential Compass Module
 - Gauge knowledge gained using pre and post surveys
 - Kept simple to maximize retention
- Developed educational tool for patients
- Survey of patients to get feedback on the patient educational tool, gauge overall interest in Aromatherapy, and gauge interest in use of a potential Aromatherapy Get Well Video.



Literature Review

Findings

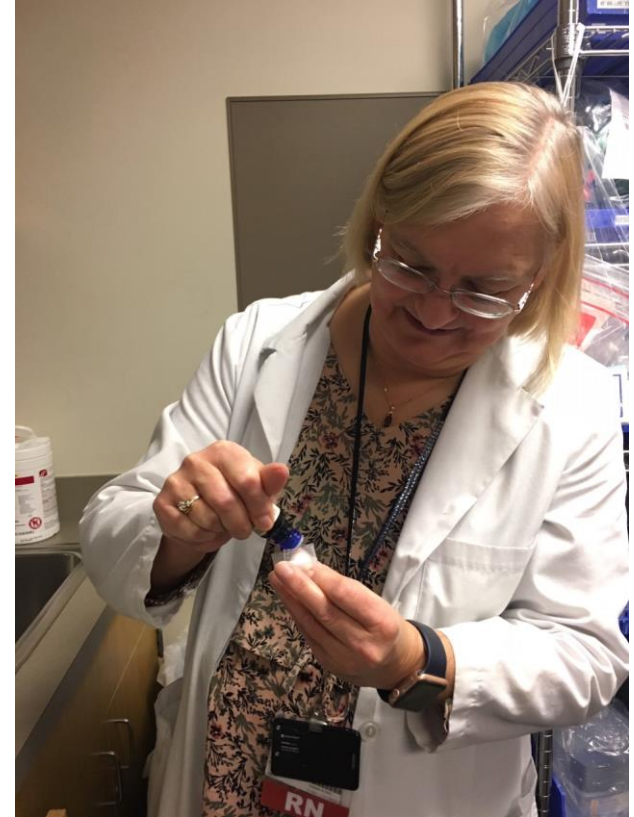
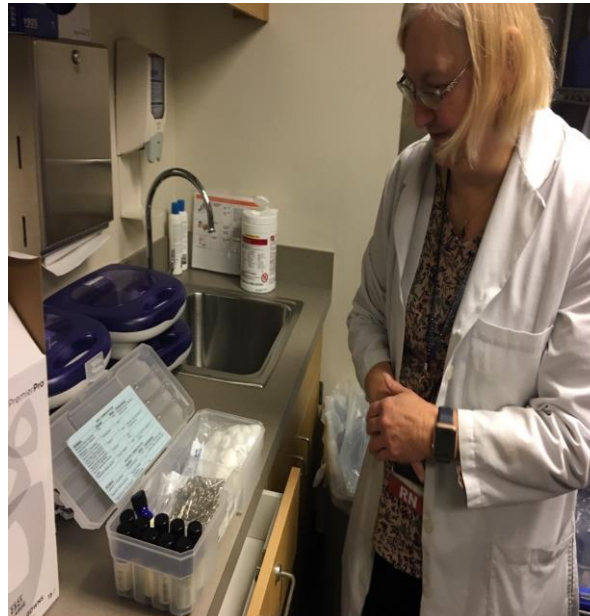
- A few examples:
- “Overall, aromatherapy was very popular with study patients. The result was reflected by the very high overall patient satisfaction scores...and the fact that 93% of the patients indicated that they would like to try aromatherapy again if they suffered nausea following a subsequent operation,” (Anderson and Gross, 2004, p.33).
- “Mean PONV scores in the experimental group were significantly lower than those in the placebo control counterpart at all 3 time points after aromatherapy,” (Lee and Shin, 2017 p.198).
- “The results showed significant differences in perceived stress, objective stress index, blood pressure, heart rate, and sleep quality between the experimental group who received aromatherapy treatment and the control group who did not,” (Cho, Lee and Hur, 2017, p.9.),
- Additional nursing journal articles about implementation of aromatherapy in clinical settings (Conlon et. al, pg. 389-396) (Buckle, 95-116)



Field Trip to Salem Hospital (Unit tour to Surgical/Oncology Unit)



Thank you to Willie Weber RN & Ron Howard Phd. (Health Systems Librarian) for inspiring our journey!



Unit Educational Bulletin Board

(For RNs and patients)



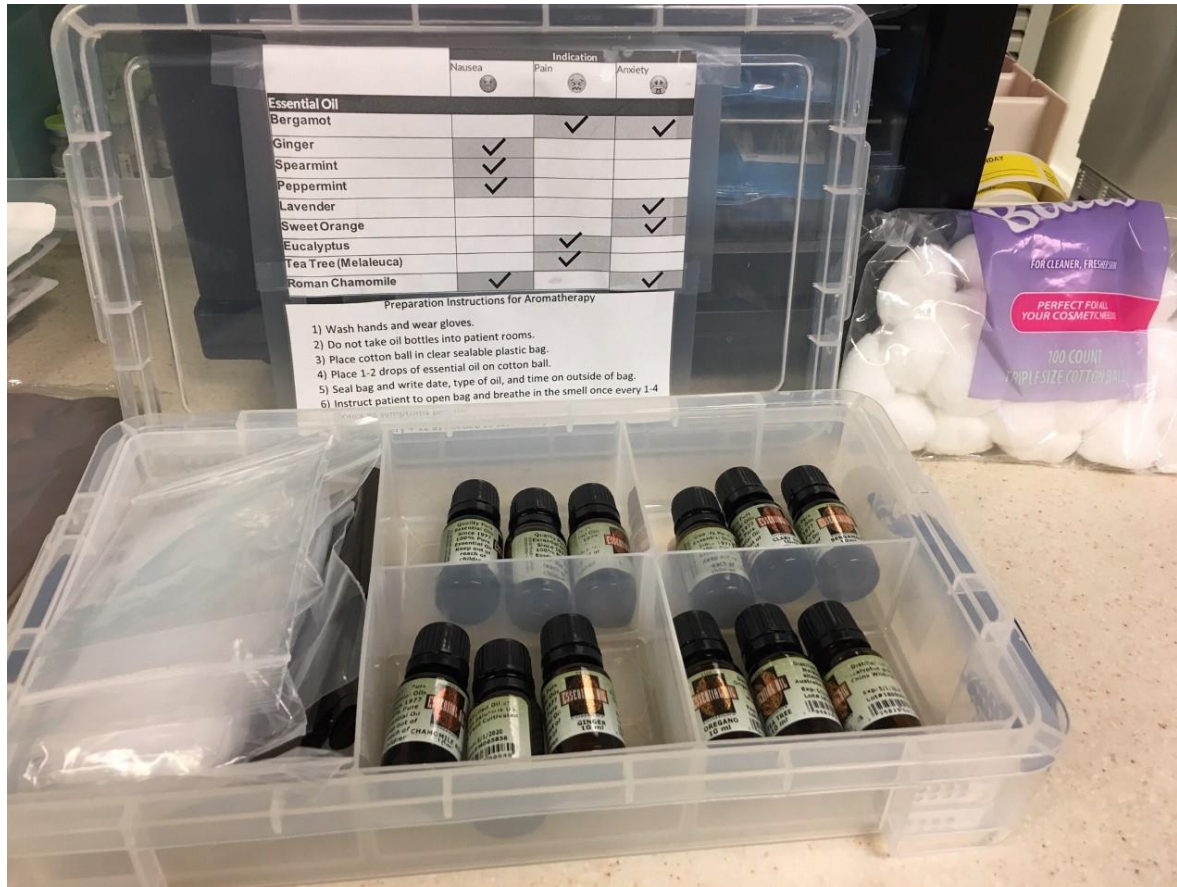
Educational Inservices & Unit Champions



Thank you Chelsea,
Bronwyn, & Brianna!

We created a box for RNs to use with patients

(Encouraged informal use following review of powerpoint)



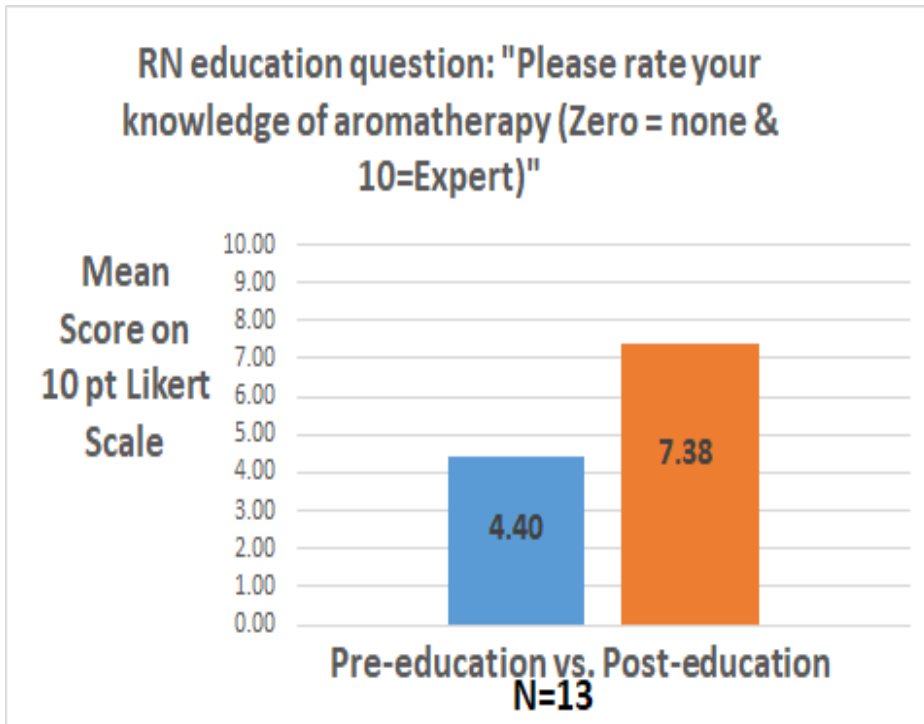
Methods

- Created an educational powerpoint based off of educational recommendations from an AHNA powerpoint titled "The Challenges & Successes of Aromatherapy Programs in Healthcare Facilities" (Tomaino, 2017)
- Conducted pre and post questionnaire posed to nurses before and after self-guided review of educational powerpoint
- Nurses self reported level of knowledge on 10 point Likert Scale
- Challenges: Difficult to complete while working, if optional not motivated.



Results

Paired t-test Statistical Analysis



Thirteen nurses responded to the post-survey. We saw a mean increase of 3 points in general aromatherapy knowledge after the intervention. This corresponds to a statistically significant increase in knowledge due to the intervention (one-sided paired t-test $p < 0.0001$).

	Pre-Ed	Post-Ed
Mean	4.40	7.38
Variance	3.26	3.42
STD	1.80	1.85
Observations	13.0	13.0
Pearson Correlation	0.80	
Hypothesized Mean Difference	0.00	
df	12.00	
t Stat	-9.37	
P(T<=t) one-tail	0.00	
t Critical one-tail	1.78	
P(T<=t) two-tail	0.00	
t Critical two-tail	2.18	

Patient Educational Handout and Survey





AROMATHERAPY PATIENT REFERENCE GUIDE

Use of Aromatherapy at OHSU

- At OHSU, we have introduced aromatherapy to patient care not only to ease some of your symptoms, but also to enhance your sense of well-being. It is simple, effective, and known to have few side effects. No order or prescription is necessary. There is no cost to you. It is our hope that this form of integrative therapy promotes your recovery and comfort during your time here.

What is Aromatherapy?

- It is the use of essential oils from plants to help your body and mind. Essential oils are extracted from plants, typically leaves, barks, flowers or peels. Some oils may help with nausea, pain, & anxiety,




How is Aromatherapy Used at OHSU?

- At OHSU, we administer aromatherapy oils by applying 3 drops on a cotton ball sealed in a plastic bag. You then open the bag for inhaling as often as needed. Oils dispensed in this fashion tend to last for 24 hours. Aromatherapy oils are highly concentrated, and therefore only a small amount is needed.
- We have selected oils that have been scientifically shown to relieve three symptoms commonly experienced by our patients. The table below shows the oils available to you.

Please Note:

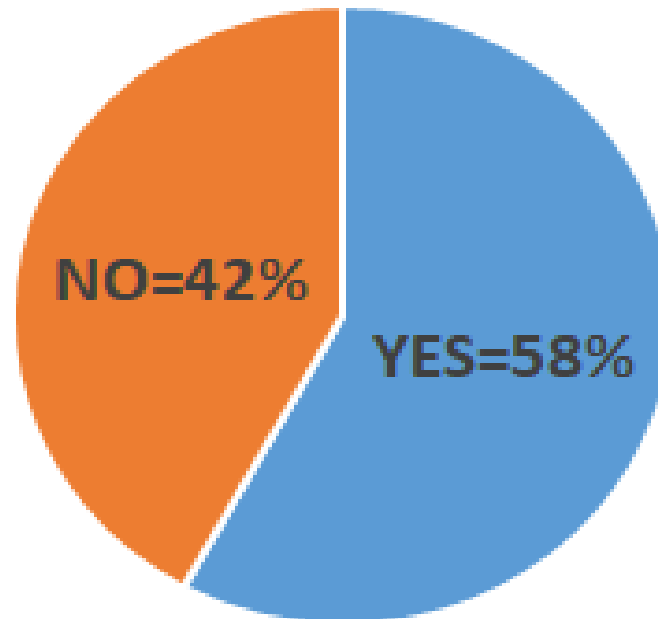
Do not use essential oils if you have:

- Asthma or reactive airway disease
- An allergy to ragweed, flowers, specifically daisies, asters, sunflowers
- A seizure disorder
- History of severe heart, lung, or kidney disease
- History of sensitivities to any of the aromas that OHSU is using

Essential Oil	Indication		
	Nausea 	Pain 	Anxiety 
Bergamot		✓	✓
Ginger	✓		
Spearmint	✓		
Peppermint	✓		
Lavender			✓
Sweet Orange			✓
Eucalyptus		✓	
Tea Tree (Melaleuca)		✓	
Roman Chamomile	✓		✓

RESULTS

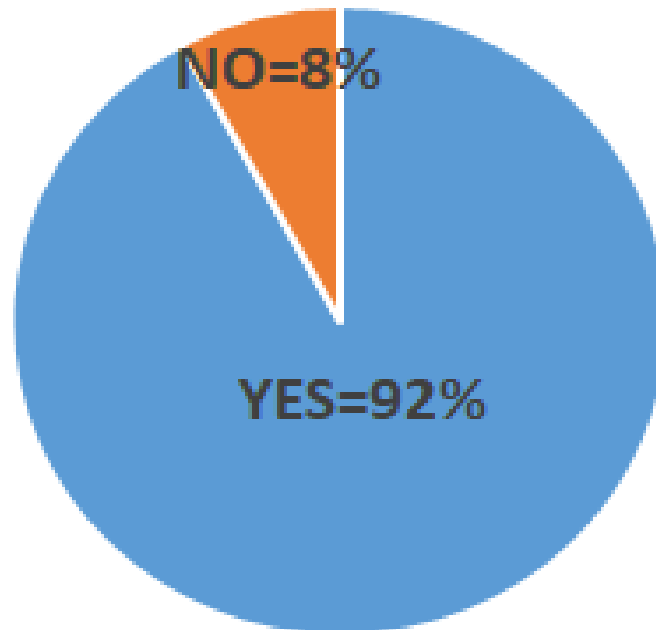
Patient Questionnaire: "Have you used Aromatherapy before?"



N=24

RESULTS

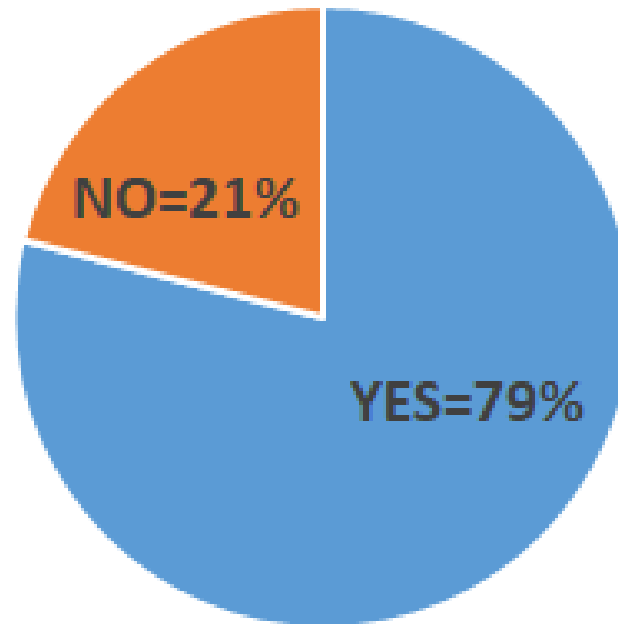
Patient Questionnaire: "If Aromatherapy were offered to you in the hospital for symptom management , would you want to try it?"



N=24

RESULTS

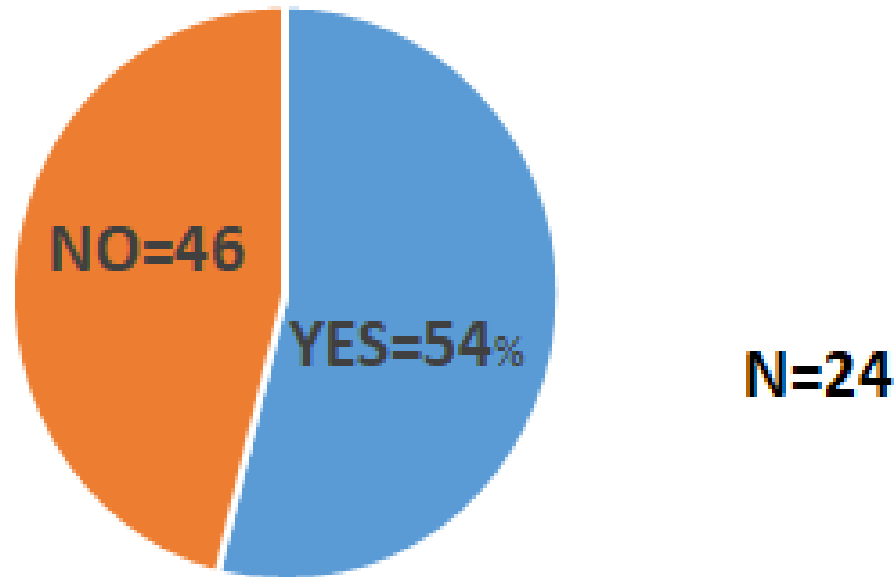
Patient Questionnaire: "Is this educational tool presented in a format that is easy to understand"?



N=24

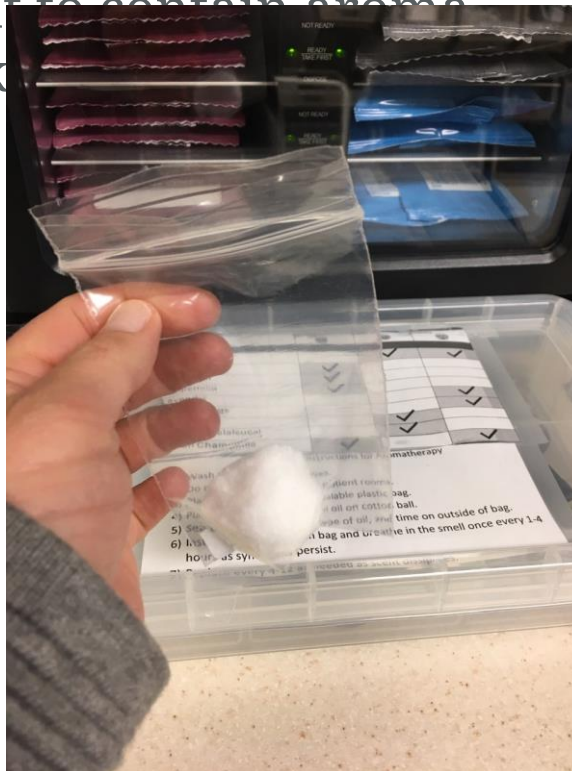
RESULTS

Patient Questionnaire: "If an educational video about aromatherapy were available to view in your room, would you prefer that option?"



Challenges/Opportunities

- Individuals with allergies/sensitivities to aromas
- Sign outside patient room
- Important to contain aroma in ziplock



Patient Stories

- Patient "K" was feeling anxious, rating it a 10 on the Likert scale. She used the word, “overwhelmed” to describe what she was feeling. The RN educated her quickly about aromatherapy and confirmed that she had no allergies. Patient "K" declined the use of a benzodiazapene. As an alternative, she was offered bergamot and was shown how to use it. Within 30 minutes, RN returned to assess the patient. She was smiling and looking more relaxed. She stated that she was feeling, “much better,” and was then able to talk about was overwhelming her so her RN could help her problem solve. The patient wanted to keep using the essential oil, and asked if she could take some home.
- Patient "A" had a history of post operative nausea and vomiting. She arrived on our unit in distress due to her nausea. She had been given antiemetics but felt they were not helpful. She requested an alternative. She was offered some Peppermint oil for inhalation. When the RN returned to the patient room to assess symptoms, the patient reported a decrease in nausea and was "thrilled" that aromatherapy was so helpful.

Financial Impacts

- Cost of QueaseEase per unit=\$6.30
- Cost per 2 drop dose of essential oil=\$.06-\$.09
 - Lavender=\$6.95/bottle (\$.06 per use= 2 drops)
 - Peppermint=\$7.95/bottle (\$.08 per use=2 drops)
 - Bergamot=\$8.95/bottle (\$.09 per use=2 drops)

Recommendations Moving Forward

- Formalize Aromatherapy Policy
- Formation of Complimentary & Integrative Practice Committee formation
- Develop a nurse education tool (Compass Module) that can be used hospital wide
- Formalize the patient education tool for use hospital wide
- Train unit champions that can maintain aromatherapy on their unit
- Create or "turn on" Get Well Video regarding Aromatherapy
- Oils for sale in outpatient Pharmacy
- Create a place for documentation of aromatherapy intervention in EPIC
- Modify methodology for ordering oils away from Procurement to direct order via Logistics
- Aromatherapy Certification for OHSU "experts"



Were there none who were discontented with what they have, the world would never reach anything better.

(Florence Nightingale)

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