

POLICY AND PROCEDURE
Aromatherapy or Inhaled Essential Oil Therapy to Promote Patient Comfort

PURPOSE:

As a classified nursing intervention, aromatherapy, or inhaled essential oil therapy, is part of an integrative clinical nurse skill set that promotes patient comfort, facilitates a healing environment, and focuses on improving a patient's experience of care. Inhaled essential oil therapy is an intervention adjunct to prescribed medical care. It can be used during all aspects of a patient's environment of care; during preadmission, inpatient care and at home, post discharge.

Scope:

Registered nurse: Facilitate intervention as directed under the procedure section.
Other licensed patient care team members (ex: P.T., R.T. CNA) : Under direction of RN to assist with intervention.

POLICY:

1. Registered Nurse will complete competency on the use of aromatherapy/inhaled essential oil therapy.
2. Available for all patient populations in conjunction with standard care to promote patient comfort, unless contraindicated or the patient expresses a conditioned aversion or negative scent bias.
3. As an independent nursing intervention, a nurse will initiate intervention and no physician order is needed. Other licensed patient care providers may assist with intervention under the direction of the Registered Nurse.
4. The essential oil delivery system must be for a single patient use only and prevent essential be able to be closed off when not in use.
5. Inhaled essential oils will be controlled to a low ambient concentration to keep aroma in the immediate area of user.
6. Verbal and written instructions will be provided to the patient.

Key Definitions:

Essential Oil: The pure aromatic liquid that remains after distillation or pressing of plant material.

Aromatherapy: The use of aroma to enhance a feeling of well-being.

Conditioned Aversion: When the mind develops a strong resistance towards something, such as a taste or smell, after associating it with feeling physically sick.

Scent Bias: Occurs when a previous experience or pre-existing attitude influences how a person evaluates a smell, and whether it carries positive or negative associations.

Ambient concentration: In reference to essential oil vapor, it is the amount of vapor controlled to the immediate patient surroundings.

Nursing Interventions Classifications (NIC): A comprehensive classification that systematically organizes the interventions nurses perform.

Independent Nursing Intervention: Patient care actions sanctioned by professional nurse practice acts. They include interventions that fall within the scope of nursing knowledge and skills and can be performed or delegated without obtaining a physician's permission, or order.

Peppermint Ginger Spearmint: Essential oils to promote comfort related to post-operative nausea and vomiting (PONV), chemotherapy-induced nausea and vomiting (CINV), or other forms of nausea related to pregnancy, motion, fear or medication.

Bergamot, Lavender, Sweet Orange, Ylang Ylang: Essential oils to promote comfort related to anxiety, grief, fear and stress.

QueaseEASE: An inhaled essential oil therapy delivery inhaler consisting of four essential oils; peppermint, spearmint, lavender and ginger. The aroma can be inhaled as often as needed to promote comfort. It must be closed off when not in use.

STILL: An inhaled essential oil therapy delivery inhaler consisting of four essential oils; bergamot, sweet orange, lavender and ylang ylang. The aroma can be inhaled as often as needed to promote comfort. Must be closed off when not in use.

PROCEDURE:

- 1) Identify appropriateness for intervention and obtain verbal consent
 - a) Assess patient for history of allergies/sensitivity to aromas or essential oils
 - b) Assess patient for scent bias or intolerances.
- 2) Provide patient instructions
 - a) Provide verbal instructions with stated understanding received from patient
 - b) Observe proper patient demonstration of use.
 - c) Provide written instructions upon discharge.
- 3) Prepare product for use.
 - a) Place patient label on aromatherapy delivery inhaler.
 - b) Open the (single dose) aromatherapy inhaler.
 - c) Hold approximately one inch below nose or mouth and instruct patient to take focused, deep breaths for two to three minutes or until patient expresses discomfort is alleviated.
 - d) Aromatherapy inhalation may be repeated as often as needed for the patient's self-management of discomfort.
- 4) Assess patient for any unwanted reaction.
 - a) If patient experiences any unwanted outcomes, such as headache or intolerance to aroma, simply remove the product from patient vicinity to allow symptoms to dissipate.
- 5) Monitor patient outcomes.
 - a) Document use and patient response to nursing intervention.
 - b) Patient may continue to use QueaseEASE post discharge to encourage comfort and promote healing.
- 6) No special disposal requirements necessary.

REFERENCES:

American Society of PeriAnesthesia Nurses Clinical Practice Guideline 3; Evidence Based Clinical Practice Guideline for the Prevention and/or Management of PONV/PDNV. (2010).

Karaman, Serkan, et al. "A randomized placebo-controlled study of aromatherapy for the treatment of postoperative nausea and vomiting. Complementary therapies in medicine. 42 (2019): 417-4.

Merriam-Webster's Collegiate Dictionary. (11th edition). Springfield, MA: Merriam-Webster Incorporated. (1999).

Nichols, Wendy, BSN, CRNA and Tharpe, Neil, RN CNM, MS. Use of Therapeutic Inhaled Essential Oils for the Healthcare Setting. Soothing Scents, Inc. and American Nurses Credentialing Center (exp. 7/2020)

Tisserand, Robert .Young, Rodney PhD, et al. Essential Oil Safety: A guide for Health Care Professionals. 2nd edition. (2014)

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