Aromatherapy for First Line Treatment of Postoperative Nausea and Vomiting in PACU

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Aromatherapy for First Line Treatment of Postoperative Nausea and Vomiting in the Post Anesthesia Care Unit
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Background
- Postoperative nausea and vomiting (PONV) is one of the most common postoperative complications affecting 20-30% of patients (Abib-Hajbaghery & Hosseini, 2015)
- PONV can lead to complications for patients besides the discomfort of nausea and vomiting, including dehydration, electrolyte balance changes, wound dehiscence, and aspiration (Hodge, McCarty, & Pierce, 2014)
- Standard of practice for treating patients with nausea in the Post Anesthesia Care Unit (PACU) was to give them a pharmaceutical treatment
- Pharmaceutical treatments also pose risks to patients because of their side effects, which include, fatigue, disorientation, dysrhythmias, hypotension, and restlessness (Abib-Hajbaghery & Hosseini, 2015)

Purpose
- Change our current practice to using Aromatherapy as a first line treatment for nausea & vomiting in the PACU and reducing the use of pharmacological antiemetic.

Methods
- Evidence Base Practice (EBP) change
- Trial of 64 Surgical patients who complained of nausea in the PACU
- Patients who complained of nausea and would rate their nausea on a scale from 0-4. Nausea would be reassessed 5 min after initiation of Aromatherapy and then every 15 min until discharge
  - 0 = no nausea
  - 1 = mild nausea
  - 2 = moderate nausea with vomiting
  - 3 = frequent vomiting
  - 4 = continuous vomiting
- The product QueasEASE was used for the aromatherapy treatment and patients would inhale the scents from the quick tab for a minimum of 5 min

Results
- Use of antiemetic on complaint of nausea dropped from 100% (standard of care) to 28.1% with Aromatherapy
- 90.48% of patients found the aromatherapy to be beneficial
- Patient Satisfaction with the treatment of their nausea was 92.3%
- A Nursing Guideline was created as the first step in practice change

Discussion
- The study demonstrated the effectiveness of Aromatherapy as first line intervention with complaint of nausea
- Investigators will observe staff choices of Aromatherapy or antiemetic use over time to monitor sustainability of the project
- Limitations
  - Missing data from either misappropriated tabs from other departments using or staff failure to complete collection tool
  - Nausea Scale confusing

References