

Background

- Post-procedural or post-operative (PONV/PPNV) nausea and vomiting is one of the most common surgical and procedural complications.
- PONV/PPNV can lead to potential secondary complications such as wound dehiscence, electrolyte abnormalities, and aspiration pneumonia.
- PONV/PPNV can increase the Post Anesthesia Care Unit (PACU) stay significantly.
- PONV/PPNV occurs in 30% of inpatients and up to 80% of high-risk patients within the first 24 hours.
- Aromatherapy is an easy, low-cost treatment opportunity for the PACU setting.
- Aromatherapy has become an easy, repeatable, low-cost solution with observed results in reducing nausea/vomiting and improve patient satisfaction.

Hypothesis

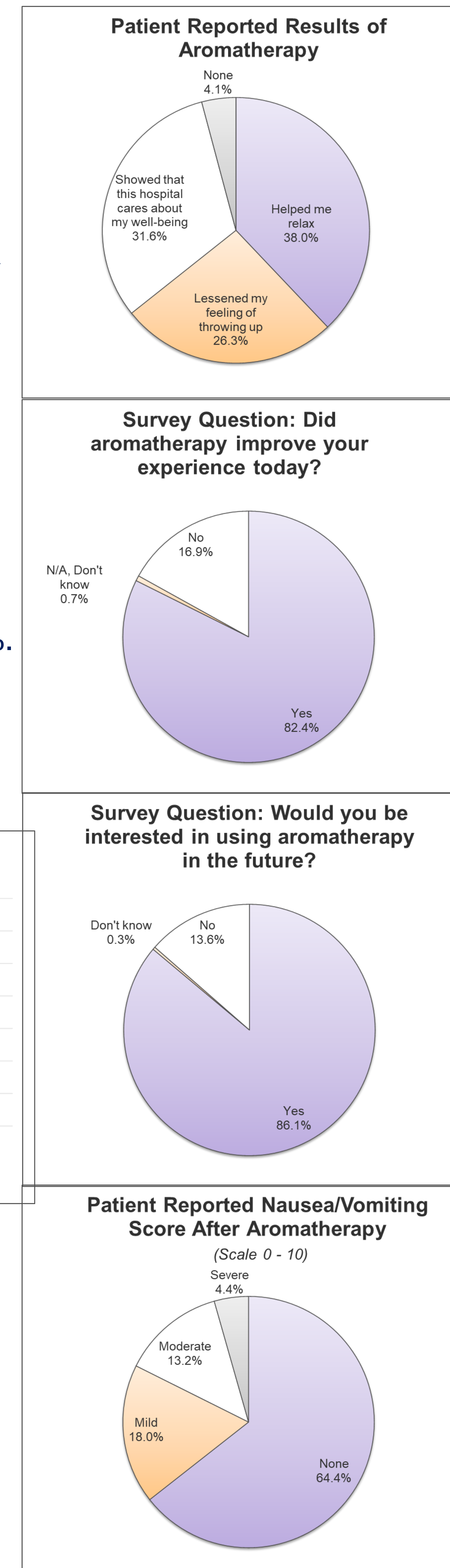
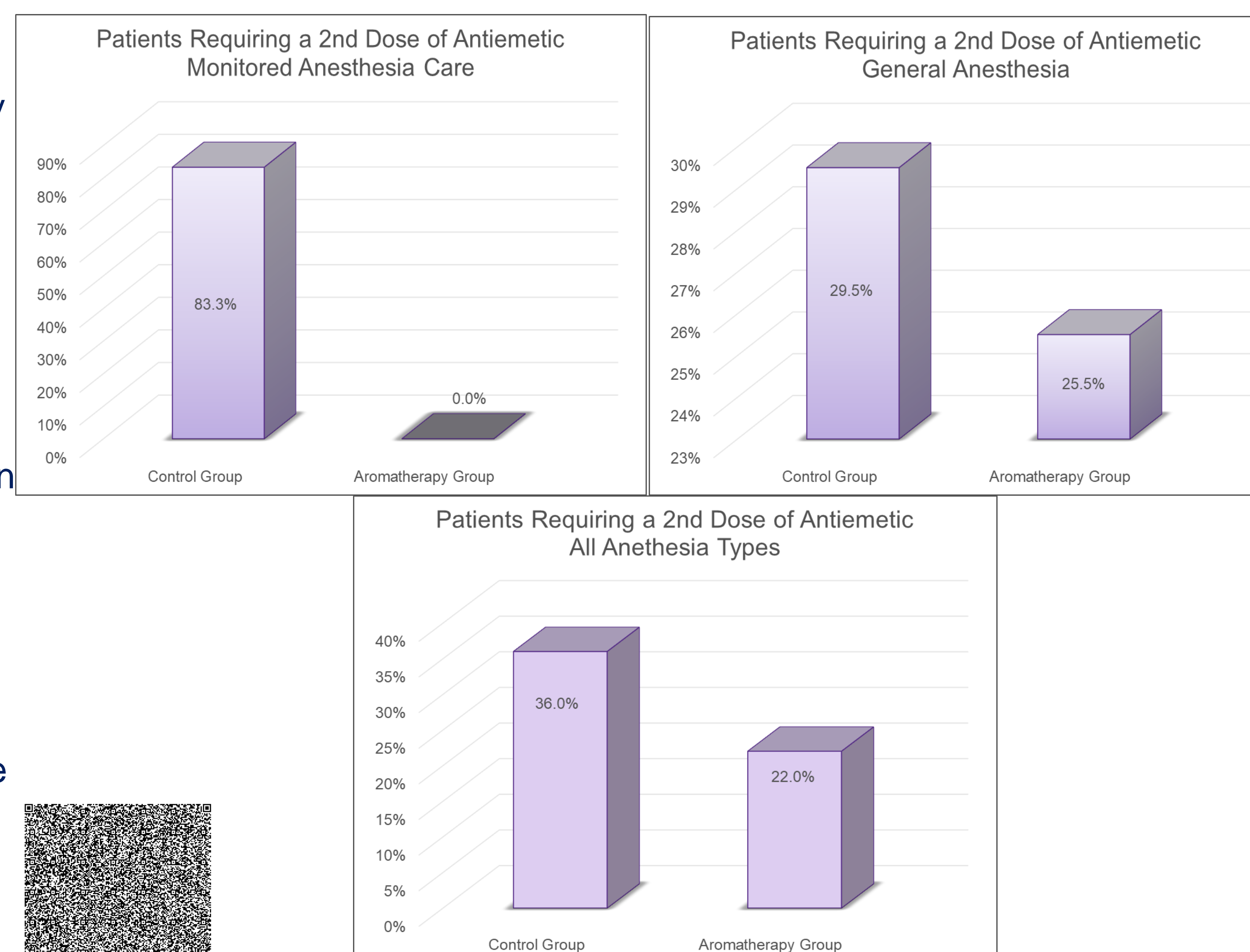
This project aims to determine if aromatherapy decreases PONV/PPNV in patients recovering in PACU from moderate and general anesthesia.

Methods

- This study will follow the patient population for up to 8 hours post procedure recovery in PeriAnesthesia care unit.
- Informed consent was obtained in the pre-procedural holding area using the patient's native language.
- An aromatherapy sticker was placed on the upper portion of the patient gown upon arrival to the PACU.
- Demographic and survey data was collected for each patient before discharge.

Sample & Results

- 336 patients enrolled, 8 bypassed PACU and went directly to the ICU setting, 4 patients refused, 4 disqualified, 1 left AMA, 2 patches were not placed in PACU, 1 case canceled.
- 246 patients from Main OR, 30 patients from ASC, 40 Patients from GI Lab.
- 38 patients (13.6%) received light sedation/monitored anesthesia care (MAC).
- 278 patients (86.4%) received general sedation.
- Females made up 62.7%, Males made up 36.9%, and transgender made up 0.3%.
- Overall, patients receiving adjunctive had a reduction in antiemetic administration by 38.9%.
- Patients receiving adjunctive aromatherapy and general anesthesia had a reduction in antiemetic administration by 13.6%.
- Patient receiving adjunctive aromatherapy and monitored anesthesia care had a reduction in antiemetic administration by 100%.



Conclusions

- The use of aromatherapy as an adjunct for nausea and vomiting control may be beneficial.
- Added benefits of aromatherapy include increased patient satisfaction.
- A reduction in second-dose administration of anti-emetic.
- Reduced length of stay in the PACU.
- Patient felt that the hospital cared about their well-being.
- Patients felt aromatherapy helped them relax in recovery.
- Patient stated they liked it.

Next Steps

- Recommendation to Surgical Services leadership to implement aromatherapy opportunities, for the reduction of nausea and vomiting in post-procedural and post-operative patients.
- Build aromatherapy into our electronic medical record (EPIC) to establish a record of use for data of patient outcomes.

The authors are thankful to the nurses who acted as research assistants and to West Coast University for their opportunity in funding this Hospital-University Collaboration Project.