

**AROMATHERAPY AS ADJUNCTIVE THERAPY FOR POST-OP NAUSEA AND VOMITING**



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**Introduction:** Essential oils are complex chemical compounds extracted from various parts of plants. Research has demonstrated that aromatherapy using certain essential oils can reduce nausea and vomiting. A significant number of bariatric surgery patients experience post-operative nausea and vomiting (PONV) and may benefit from the addition of aromatherapy to standard antiemetic therapy.

**Identification of the problem:** Data from the study organization revealed reports of prolonged PONV in bariatric surgery patients, which can increase pain, the need for medication, and length of stay all of which decrease patient satisfaction/outcomes and increase costs.

**EBP Question/Purpose:** The purpose of this evidence-based practice project was to determine if the addition of the blends of ginger-red mandarin, ginger-red mandarin-peppermint, or red mandarin-peppermint essential oil for aromatherapy in the post-anesthesia care unit (PACU) would lower the rating of PONV and/or the number of antiemetics used by bariatric patients compared to standard treatments alone.

**Methods/Evidence:** Bariatric patients rated their nausea on a scale of 0-4 and were not offered any aromatherapy during the one-month baseline data collection period. Thereafter, patients were offered the option to receive aromatherapy in addition to standard antiemetics. Three blends of essential oils were studied consecutively. Two drops of the essential oil blend were placed on a 2x2 gauze and the gauze placed on the patients' chest, close to the face. Patients rated their nausea at routine intervals until discharge from the PACU.

**Significance of Findings/Outcomes:** A total of 130 patients participated in this project. On average, those who received any of the three essential oil blends reported 20% less PONV than those who received none (58.1% vs 78.3%). All patients who received aromatherapy had an average discharge PONV rating of "1" compared to a rating of "2" in those who did not receive aromatherapy. The ginger-red mandarin-peppermint blend was the only blend that resulted in a decreased number of medications used (2 vs 1).

**Implications for perianesthesia nurses and future research:** PONV remains a significant issue upon discharge from the PACU. Aromatherapy may assist in decreasing PONV in bariatric patients. Peppermint-red mandarin-ginger blend, specifically, reduced the number of antiemetics used and should be further explored in future research studies.

**SURGERY CENTER QUALITY IMPROVEMENT STUDY: IDENTIFYING BARRIERS TO PATIENT READINESS TO THE OPERATING ROOM—PHASE I**



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**Introduction:** Operating room (OR) delays have significant implications on workflow and resource efficiency. Time is the OR's most valuable resource; delays in OR start times can lead to dissatisfaction for the patient, nurse, anesthesiologist and surgical team.

**Identification of the problem:** OR delays can negatively impact the perioperative team, environment and patient experience.

**Purpose of the Study:** The purpose of this nurse driven quality improvement (QI) prospective study was to identify barriers that contribute to first case OR delays.

**Methods:** Registered nurses (RNs) collected data on first case surgery patients for one month including additional nursing care contributing to delays. A nursing related delay was defined as not having the patient ready 20 minutes prior to OR start time. A Lean Six Sigma (LSS) process improvement model analyzed the prevalence of barriers contributing to patient readiness for the OR. Nurses provided solutions using an "Ever Better" poster board tool.

**Outcomes/Results:** Total first case patients (n=230) undergoing surgical procedures during a 4-week period revealed 19% (n=44) met the nursing related delay definition, nearly half of the patients 47% (n=109) required additional nursing interventions. The top five of 20 barriers contributing to delayed patient readiness were: communication with health care providers (15%); additional day of surgery testing (15%); difficult intravenous access (9%); physical disabilities requiring additional staff (0.6%); and unplanned medications (0.6%).

**Discussion:** Solutions to the delay in patient readiness for the OR cannot be understood unless barriers are addressed. Awareness of the problem requires a multidisciplinary team approach.

**Conclusions:** Findings revealed additional nursing interventions contributed to approximately one quarter of first case OR delays by an average of 18 minutes. With further education, communication, and workflow changes using a multidisciplinary team approach the number of delays can be decreased.

**Implications for Perianesthesia Nurses & Future Research:** Delays in OR procedures cause frustration to the patient, nurse, anesthesiologist and surgical team. Phase II of this QI project will implement developing a patient portal informational website, utilizing pre-surgical screening by anesthesia, improving perioperative staff communication, and changing workflow by staggering patient admission times to decrease patient delays.

**INTRODUCING THE CLINICALLY ALIGNED PAIN ASSESSMENT**



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**Introduction:** The Clinically Aligned Pain Assessment (CAPA) is an innovative way of assessing pain by engaging patients in

*Note: All abstracts are printed as received from the authors.*