

Significance of Findings/Outcomes: With the modified protocol, time and resources were saved by 71 % reduction in false positives. This resulted in increased time spent by nurses on patient education with those who needed the education and phone follow up once the false positive group was reduced.

Implications for perianesthesia nurses and future research: Undiagnosed OSA patients are among the most vulnerable for postoperative complications. Further research is needed treatment guidelines and educational protocols to assess, educate, and treat patients based on the S.T.O.P.-B.A.N.G. assessment tool.

AROMATHERAPY IN THE PACU

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Introduction: Post-operative nausea and vomiting (PONV) is one of the most common and distressing anesthesia related complications after surgery. Of the patients that experience PONV, 30% of patients experience vomiting while 50% experience nausea. High risk patients may have rates up to 80% (Odom-Forren, 2018). Patients need alternatives to the pharmacological interventions already provided. Aromatherapy inhalers with ginger, lavender, spearmint, and peppermint are a complementary, homeopathic, and a non-pharmacological option. Benefits of aromatherapy include reducing pain, eliminating/managing headaches, providing allergy relief, and antiemetic properties (Stoicesa, N., et. al., 2015).

Identification of the problem – Overview: PONV can lead to post-surgical complications and cause a delay in patient recovery. When patients are involved in their care, there is an increase in compliance of medical care, it increases their mental well-being, improves patient compliance with post operative care, patient outcomes, and promotes recuperation.

EP Question/Purpose: The purpose of this study is to determine if the use of aromatherapy will reduce the incidence of PONV in patients post-operatively.

Methods/Evidence: Patients were asked if they would like to try an aromatherapy inhaler for potential PONV. The aromatherapy inhaler was then proactively dispensed to patients with on set of any nausea and/or vomiting (N/V) as a first line intervention. The PACU nurse completed the questionnaire and placed it in the designated locations. If the aromatherapy inhale did not offer complete nausea relief, antiemetics were administered as ordered.

Significance of Findings/Outcomes: Of the 96 patients who participated in this EBP project, 62 (64.6%) received aromatherapy for PONV. 57 patients (91.9%) received the aromatherapy inhaler as a first line intervention. The majority of patients who received aromatherapy found it beneficial, with 71% (n=58) reporting either moderate or complete relief from PONV.

Implications for perianesthesia nurses and future research: Aromatherapy is a branch of herbal medicine, in which the essential oils are absorbed into the body, resulting in strong physiologic, emotional, and psychologic reactions that are considered beneficial. Using non-pharmacologic treatment such as an aromatherapy inhaler reduces the patient's exposure to possible side effects they may endure from IV/IM medications administered and increase their satisfaction with their post-operative care.

IMPROVING PATIENT AND FAMILY SATISFACTION IN PERIANESTHESIA SETTING



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Introduction: In patient/family-centered care, it is important to improve communication with patients' families/significant others (SO) and acknowledge our appreciation of patients.

Identification of the problem: Our annual departmental goals include maintaining high patient satisfaction scores by continually monitoring for new ways to improve patient and family satisfaction. After 2 patient complaints regarding impoliteness of staff and family complaints of inadequate information for after-hours surgery, we instituted two QI projects (QI1 & QI2).

Purpose of the Study: **QI1:** To improve staff acknowledgement of patients' value to our staff, we initiated the "Thank-You Card" program. **QI2:** To improve family/SO communications of essential information while waiting for surgical patients, we initiated a Wait Room Information form.

Methods: **QI1:** The thank-you card thanks patients for choosing our health system & wishing them healthy recovery. Check-in staff sign the card and attach it to patient's chart. As the patient goes through every phase of the perioperative experience, staff sign the card. After discharge, the card is mailed to patients' homes. **QI2:** The Wait Room Information form was written based on a template of recommended information from the literature and interviews with our secretaries and liaisons who interface with family/SO. Surveys were completed after each QI project was initiated to determine effectiveness.

Outcomes/Results: **QI1:** Post-discharge phone surveys with 559 patients over 1 year revealed 100% satisfaction with the card. **QI2:** Satisfaction with Wait Information sheet was evaluated by paper survey with 64 respondents. 86.3% of families/SO rated the Information sheet as useful-very useful and 60% referred to the form 2-3 times while waiting. 54% of respondents stated they could not think of any additional information needed on the form. Satisfaction data via phone survey revealed 100% satisfaction for an additional 241 respondents.

Discussion: **QI1:** The thank-you card project assisted in patients feeling valued. **QI2:** The Wait Room information form increased knowledge among family/SO of surgical patients.

Conclusion: The thank-you card and family/SO wait room information form have improved patients' sense of being appreciated and improved communication with family/SO.

Implications for perianesthesia nurses and future research: In the fast pace world of perianesthesia nursing it is easy for patients and family/SO to feel unappreciated and