A Nonpharmacologic Approach to Pain Management Using Aromatherapy: A Train-the-Trainer Model

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Conflict of Interest Disclosure

- Victoria Boyce—no conflict of interest
- Mary Natschke—no conflict of interest
Statement of Intention for Pain Management

• As a community of holistic nurses at St John Hospital & Medical Center, we will safely manage our patient’s pain with a non-judgmental approach using all resources available. We will be mindful of our patient’s unique pain experience and advocate for care that facilitates comfort and healing.

• (St John Hospital & Medical Center Professional Nurse Practice Council 2014)

HCAHPS

“During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?”

The Joint Commission

PC.01.02.07 The hospital either treats the patient’s pain or refers the patient for treatment.

Note: Treatment strategies for pain may include pharmacologic and nonpharmacologic approaches. Strategies should reflect a [patient]-centered approach and consider the patient’s current presentation, the health care providers’ clinical judgment, and the risks and benefits associated with the strategies, including potential risk of dependency, addiction, and abuse.
### Historical Roots

- Ancient Egypt
- China & India
- Greece
- France
- Hippocrates
- America
- Modern Day

Ancient civilizations incorporated aromatics as part of their practice.

### Aromatherapy Through the Ages

- Renee-Maurice Gattefosse
  Father of Aromatherapy
  “Aromatherapie” defined in 1937
- Marguerite Maury – Austria biochemist
- Jean Valnet – French surgeon WWII
- Robert Tisserand – Safety expert

### What are Essential Oils?

- Tiny droplets contained in glands, sacs or veins of different plant parts: leaves, stems, bark, flowers, roots and fruits
- Highly concentrated, potent
- Volatile, flammable
- Each EO has 80-300 chemical constituents
Aromatherapy in Clinical Practice

“Aromatherapy . . . the art and science of utilizing naturally extracted aromatic essences from plants to balance, harmonize and promote the health of body, mind and spirit. It seeks to unify physiological, psychological and spiritual processes to enhance an individual’s innate healing process.”

www.naha.org

Aromatherapy used for . . .

- Stress/anxiety
- Headaches/migraines
- Insomnia
- Chronic or acute pain relief
- Arthritis & rheumatism (sub-acute phase)
- Chronic muscular/joint aches and pain
- Pregnancy and childbirth massage
- Reducing inflammation
- Enhancing immunity
- Relieving muscle spasms
- Relax and soothe the nervous system

Physiologic response to Aromatherapy

Largest organ of the body

Dominate nostril correlates with the dominate hand
Methods of Administration

- Diffusion
- Topical
- Inhalation

Contraindications/allergies

- Patients who identify an allergy or sensitivity to the essential oil or
- Patients who are admitted with reactive airway disease or
- Acute episode of a-fib or tachycardia (peppermint only)

Safety

- Keep Out Of Reach Of Children (KOOROC)
- Keep EO’s away from light and heat sources
- Do Not take orally
- DILUTE, DILUTE, DILUTE
- Remember: Less is More
- Be aware of sensitivities and/or allergies
Storage

- Keep caps tightly closed
- Store in cool place away from light
- Use a dark colored glass bottle
- Expiration date two years (2) from opening bottle

Labeling

- Name of oil
- Date and time
- Initials
- Handoff report

Developing an Aromatherapy Program

- Clinical aromatherapy expert
- Literature review
- Benchmarking
Policy & Procedure

• Who can use it?
• Where do I find therapeutic grade oils?
• What oils do you want and why?
• MSDS sheets
• Diffusion? Skin application? Inhalation?
• What about “scent free” zones?
• Contraindications?

Online Validation Process

Step One: On-line module developed
  – Power point slides
  – Read 2 Articles
  – Review Policy & Procedure
  – Post test questions (Pass 90%)
Clinical Validation Process

**Step 2 (Hands on with RN Validator)**
- Training record check off
- Verbalizes assessment, safety, oil selection, route
- Assembles equipment, demonstrates competency in preparing for administration
- Verbalizes how to establish a healing environment
- Evaluate response, documents appropriately
- Discuss ongoing plan of care, hand-off report

Clinical Validator Workshop

- Designed for RN’s – Train the Trainer approach
- Initially an 8 hour workshop
- More in-depth training than validation process
  - The use of aromatherapy in the context of holistic nursing and the healing environment
  - Overview of supporting evidence
  - Validation process and documentation
  - Actual validation teach back in class

Where Are We Now?

- 6 hospitals and multiple out-patient facilities within the health system offer aromatherapy.
- Presently there are over 200 RN validators in the Health System from all clinical areas.
- All nursing units are using aromatherapy to some degree
- Recently developed a separate form for our EMR
Lessons Learned

• Acquire expertise in Clinical Aromatherapy
• Start small – few basic essential oils
• Consider hospital ordering system
• Documentation
• Consider specialty area’s (i.e. Ped’s, OB, ED, pre/post op, ICU’s, and outpatient settings)
• Use it – keep it visible – tell your stories
• Always naysayers . . . Do it anyway
• Leadership support – aromatherapy is an expectation for our patients comfort and well-being.

Metrics

FY15 Pain Management HCAHPS Scores

Case Study

![Case Study Image]
• Joint Commission Perspectives® Nov. 2014, Vol 34: 11
• The Institute of Integrative Aromatherapy www.aroma-RN.org
• www.NAHA.org