

Case Study: Mary, 40



Key point

This case study describes the implementation of an essential oil in the care of a patient. Notice that there is much more involved than the delivery of the essential oil.

Meet Mary

Mary, a 40-year old female, is admitted to the hospital with a fractured forearm (radius and ulna). Surgery is scheduled for the next morning. Mary describes pain as “shooting” and rates it 6 out of 10.

She is receiving opioids with moderate relief and appears very anxious. Mary’s partner and sister are present. Both state the patient is an anxious-type person and probably needs increased pain medications. Mary agrees as she is moaning.

Step 1: Assess the patient/client

The nurse expresses empathy with Mary and her family, acknowledging the pain is not well-controlled. He informs the patient and family that he will contact the physician about the pain, and also discusses using essential oils to help with pain control while he awaits a response from the physician. The nurse explains that in addition to medications, essential oils are used on their unit to help with pain and anxiety. Mary states she’s heard about aromatherapy but has never used essential oils. The nurse gives the essential oil patient handout to the family since Mary appears too pained and anxious to read it.

Step 2: Select EO and delivery method

After given a choice of three different essential oils, Mary decides to try lavender (*Lavandula angustifolia*). The nurse explains that he will administer the essential oil on a cotton ball in a little cup if she is alert enough to hold it close to her nose, or tape a lavender cotton ball to her gown due if she can’t hold the cup. He also explains that staff may administer peppermint or another essential oil in the same manner if she returns from surgery nauseous.

Step 3: Educate the patient/client/family

The nurse returns with a lavender cotton ball in a little plastic cup. He sits with Mary as he instructs her to hold the cup a few inches from her nose as she takes slow, easy breaths. As Mary begins to relax, her partner holds the cup for her as he holds her good hand. He takes over for the nurse, encouraging Mary to continue with the slow, easy breaths. Mary’s partner sees she is beginning to relax.

The nurse explains that inhaling slowly along with the lavender helps with relaxation, which in turn helps to decrease pain. Mary states her pain is now a little more tolerable, rating it 4 out of 10.

The nurse instructs Mary and her family that she could continue the inhalation for up to 15 minutes. He also instructs her to replace the cover on the lavender at that time and use it again in half an hour if needed. He also encourages the family to work with her on slow breathing.



Earl E. Bakken Center for
SPIRITUALITY & HEALING

UNIVERSITY OF MINNESOTA

Case Study: Mary, 40



Step 4: Evaluate

Mary and her family identified that the combination of lavender via inhalation along with the slow breathing technique contributed to lessening pain and anxiety. As such, the nurse advised Mary to continue using lavender during her stay, and to let any nurse on call know if she wanted to try a different essential oil or delivery method for her pain, anxiety, or other symptoms.

Summary

Incorporating an essential oil into a patient care plan involves assessment of the patient, selecting the preferred oil and delivery method, educating both patient and family, and evaluating the implementation of the essential oil delivered in conjunction of other treatments and care. In this case, lavender was delivered in addition to pain medication, along with a breathing technique and healing presence –giving the patient undivided, caring attention.



Earl E. Bakken Center for
SPIRITUALITY & HEALING

UNIVERSITY OF MINNESOTA