

Aromatherapy Policy – Example 1



Keywords

Aromatherapy, essential oils, topical application, direct inhalation, carrier oil

Purpose

- I. To provide the safe use of essential oils to support symptom relief, comfort, and wellbeing as an independent multidiscipline intervention without physician order in collaboration with nursing and included in the plan of care.

Definitions

- I. Clinical Aromatherapy: The controlled use of essential oils for therapeutic and measurable health outcomes that address specific patient symptoms and enhance health and wellbeing.
- II. Essential oils: The concentrated distillates from aromatic plants known for their therapeutic properties used to restore balance to the body and mind.
 - A. The pharmacologic activity of essential oils occurs through the olfactory, respiratory, and integumentary systems, affecting all body systems once essential oils reach the circulatory and nervous systems.
 - B. The chemical aspects of essential oils trigger the limbic system of the brain, which affects mood, emotions, memory, and learning.
 - C. Goals of using essential oils in a clinical setting are:
 1. To promote a sense of well-being
 2. To promote relaxation and stress reduction
 3. To promote comfort for those experiencing physical, emotional, or spiritual symptoms
- III. Topical Application: Providing the essential oil through the external skin by massage / touch with dilution of 2% or less of essential oil(s) in a carrier oil (jojoba, fractionated coconut oil) or unscented lotion to cover affected area.
- IV. Inhalation Application: Providing the essential oil using the olfactory system.
 - A. Direct Inhalation: Instructing the patient to smell an essential oil that has been applied to a cotton ball or an inhaler wick (aromastick) to provide specific decreased symptoms or to increase patient well-being.
- V. Carrier Oil: Jojoba oil, fractionated coconut oil, or lotion into which essential oils are blended to deliver the topical application of aromatherapy.



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Policy

- I. Essential oil intervention can be provided by staff and volunteers who have completed the required education. Trained unlicensed staff and volunteers can provide essential oils under the direction of the RN.
- II. This policy is approved for use in patients 5 years of age and older.
- III. Only approved essential oils and blends may be administered by trained staff. Refer to attachment for patient population specific Essential Oil Guides.

Procedure

- I. Ensure a Safety Data Sheet (SDS) is available for each essential oil used.
- II. All essential oils will be labeled and the bottles stored in a secured area on the clinical setting. Essential oil bottles are not to be stored in patients' rooms.
- III. Each bottle will be dated when opened with expiration date of one year.
- IV. Topical application and inhalation are the only approved delivery methods for essential oils. Diffusers may not be used.
- V. Indications for use of essential oils include, but are not limited to:
 - A. Anxiety/stress
 - B. Fatigue
 - C. Grief
 - D. Insomnia
 - E. Labor
 - F. Nausea, indigestion
 - G. Pain/comfort
 - H. Post-delivery & post-surgical voiding
 - I. Relaxation
- VI. Practice (refer to Aromatherapy Use Guideline Chart)
 - A. With patient input, select essential oil or blend and delivery method from patient population-specific Essential Oil Guide. Refer to attachment.
 - B. Safety Precautions:
 1. Do not use essential oils with patients younger than 5 years old.



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2. When using essential oil cotton balls with a mother holding an infant, keep essential oil cotton balls or aromasticks away from infant's nose (i.e. mothers holding infants while using essential oils).
 3. Do not apply essential oils to breasts if patient is breastfeeding.
 4. Do not use topical applications for patients with known skin sensitivities.
 5. If skin reaction occurs after topical administration, wash area with soap and water, pat dry, and leave open to air for 10 minutes.
 6. If accidental eye exposure occurs, rinse eye with water for 10 minutes.
- C. Topical for massage: 2 % dilution (2% = 2 drops in 5 ml carrier oil). Carrier oil may be jojoba oil, fractionated coconut oil, or unscented lotion.
- D. Direct inhalation: 1–2 drops of essential oil to cotton ball taped to patient's gown; replace once per shift. For intermittent use, 1–2 drops of essential oil on cotton ball placed in resealable plastic bag or covered plastic cup. Label with patient's name and essential oil; change every 24 hours. Instruct patient to inhale for several minutes at a time; may use as often as desired.
- E. Direct inhalation: aromastick (pre-made) for intermittent use as desired by patient.
- F. Post-surgical or post-delivery voiding: 2 drops of peppermint oil in toilet urine collection device
- G. Document patient's response with essential oil used, delivery method, and pre and post symptom scores.

References

If you were creating a policy, you would include any associated references here.



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