

# Aromatherapy Policy - Example 2



## Purpose

To provide and promote the safe and effective use of plant essential oils by patient care staff to support symptom relief, comfort, and wellbeing.

## Policy

- I. Physician/advanced practice provider order is not required for use of essential oils.
- II. This policy is for staff, providers, and volunteers who have had appropriate training to use, or assist with the use of, specified essential oils.
- III. The patient's nurse must be aware of essential oil use. When the administering staff is someone other than the patient care nurse, communication and collaboration about the plan and response must take place.
- IV. A staff member administering the essential oil is responsible for checking to ensure that there is no known allergy to the essential oil. Do not use specific scents with patients who have known allergies or aversion to those particular aromas.
- V. Essential oil use and patient's response must be documented in the electronic medical record. Patient care staff members who are unable to access the medical record will communicate with the patient's nurse about the procedure and its outcome for the purposes of documentation.
- VI. Only Hospital XYZ-supplied essential oils may be used for patient care.
  - A. All essential oils must be labeled and the bottles stored in a secured area in the clinical setting.
  - B. Essential oil bottles are not to be transferred to patient rooms.
  - C. Essential oil bottles will be dated when opened with expiration date of one year.
- VII. Age/population parameters and safety precautions:
  - A. Essential oil/aromatherapy is to be used only for patients 5 years of age and older.
    1. Keep essential oil cotton ball or aromastick at least 6 inches from children's nose (age 12 and under).
    2. Avoid inhaled delivery of essential oils for children (age 12 and under) with asthma or reactive airway disease.
  - B. Restrict newborn baby contact with essential oil therapy used with postpartum mothers.
    1. Aromasticks need to be closed and no cotton ball used when baby is present.
    2. Avoid using topical massage oils on mother's breasts.
    3. Skin on which topical massage oil is used (e.g., back and limbs) needs to be washed before mother/newborn baby contact.
  - C. Use essential oils with caution for patients (12 years of age and older) with asthma and reactive airway disease.



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- D. Avoid topical application of essential oils on non-intact skin.
- E. Avoid topical application of essential oils for patients with known skin sensitivities or skin rash.
- F. Keep essential oils away from eyes.
- G. Aromatherapy/essential oils are NEVER intended for oral ingestion.
- VIII. Acceptable applications of essential oils are:
  - A. Inhalation: smelling of essential oils.
    - 1. Direct inhalation using undiluted or diluted essential oils on a cotton ball.
    - 2. Direct inhalation with aromastick inhalers (individual essential oil-filled wicks).
  - B. Topical: diluted essential oils applied to intact skin.
    - 1. Topical application for massage is with 2% pre-diluted essential oils in carrier oil. No undiluted essential oils may be used for topical application.
  - C. Drops of essential oil in urine collection container or toilet for urinary retention.
  - D. Drops of essential oil on cotton balls for unpleasant odors in patient rooms.
  - E. No diffusers are to be used.
  - F. Patients may use their own essential oils from home with the above delivery methods only (no diffusers). They must keep essential oils secured away from children in their rooms.
- IX. Aromatherapy and essential oils are clinical therapies used for symptom management. They are not perfumes, fragrances, or other synthetic chemicals, and therefore do not fall under the Fragrance-Free Policy.
- X. SDS for essential oils are available on the organization's intranet.

## Definitions

- I. **Aromastick** (also known as “aroma inhaler” or “inhalation tube”): Product for inhalation delivery of essential oils; prefilled with pure essential oils. To be inhaled from outside the nose, not to be inserted into the nose. Because they are capped until they are used, and the essential oil is inhaled from within a few inches, very little aroma is lost to the atmosphere. The essential oil in the aromastick can last for weeks to months.
- II. **Carrier**: “Carrier oil,” also known as the “base.” A substance used to dilute essential oils before they are applied to the skin in massage and aromatherapy.
- III. **Essential oils (EO)**: a class of generally aromatic volatile oils; extracted from plants by distillation or expression.
- IV. **Massage Oils**: 2% essential oils pre-diluted in a carrier oil for patient and staff safety. These can be used for both topical and inhalation delivery methods.



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## Procedure

- I. Select essential oil(s) and delivery method in collaboration with patient (or family/support persons) based on indications for use. If the patient is confused or unable to independently participate in aromatherapy, staff may consult with family/support person(s) to assess possible preferences of patient, if known.
- II. Aromatherapy can be administered by staff or independently by patient or family/support persons after instructions are given on safe delivery method.
- III. See Essential Oil Usage Table – [Appendix A](#).
- IV. See Administration and Documentation Guidelines – [Appendix C](#)
- V. Adverse reactions
  - A. If a patient has an adverse reaction to essential oil/aromatherapy usage, remove the product. Provide additional ventilation if this lessens patient's response.
  - B. If skin reaction occurs after topical administration, wash area with soap and water, pat dry, and leave open to air x 10 minutes.
  - C. If accidental eye exposure occurs, rinse eye with water for 10 minutes.
  - D. Document adverse reactions in the electronic medical record.

## References

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



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