Aromatherapy in Healthcare

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The Child First and Always®
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tell me about you...
objectives

- Identify sources of reputable information about essential oil (EO) use.
- Describe the science of essential oils.
- Discuss the evidence-base for using EOs in healthcare.
- Identify key components of EO use at healthcare facilities.
references and resources

Books


People

- Robert Tisserand, Robert Young, Jane Buckle, Jade Shutes, Kurt Schnaubelt
references and resources

- **Associations**
  - National Association for Holistic Aromatherapy (NAHA) [http://www.naha.org/about/mission/](http://www.naha.org/about/mission/).

- **Education resources**
  - Integrative therapies education [http://www.csh.umn.edu/free-online-learning-modules/index.htm](http://www.csh.umn.edu/free-online-learning-modules/index.htm)
  - NAHA approved aromatherapy schools; NAHA website
  - Aromahead Institute, School of Essential Oil Studies, Florida [www.aromahead.com](http://www.aromahead.com)

- **Journals**
  - NAHA Aromatherapy Journal
references and resources

Articles


evidence behind EOs

- Blinded randomized control trials are challenging
- Placebo effect
- Evidence-based practice vs. practice-based evidence
- Avoid pseudo-science
- See books by Jane Buckle, and Shirley and Len Price
Aromatherapy:
- the use of essential oils derived from plants; aesthetic, clinical, holistic (Buckle);
- inhalation and topical application of true, authentic EOs from aromatic plants to restore or enhance health, beauty and well-being (AIA)
- also referred to as Essential Oil therapy, can be defined as 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.” (NAHA)

Aromatherapist: one who has completed recognized training in aromatherapy at the minimum level of 200 educational contact hours approved by AIA, or who has passed a standardized exam (Aromatherapy Registration Council)

Essential oil (EO): substance distilled from aromatic plants (leaf, bark, peel, resin, etc.). Each oil has a variety of chemical constituents which determine the effect of the oil.

Holistic Nursing...
EO science

- **Kingdom**
- **Division**
- **Subdivision**
- **Class**
- **Subclass**
- **Order**
- **Family**
- **Genus**
- **Species**

Example:
- *Lavandula angustifolia* - Lavender
- *Boswellia carterii* - Frankincense
- *Rosa damascena* - Rose
- *Melaleuca alternifolia* - Tea tree
- *Eucalyptus radiata* - Eucalyptus
- *Eucalyptus dives*
- *Eucalyptus globulus*
- *Eucalyptus polybractea*

Your EO bottles should be labeled with botanical names

Also... variety, chemotype, hybrid
The chemical composition of an oil determines its actions.

**Monoterpene alcohols**
- Low toxicity
- Antibacterial, viral & fungal
- Vasoconstrictive
- Sedative

Peppermint, tea tree

**Sesquiterpene alcohols**
- Anti-inflammatory
- Antiviral

Sandalwood, cedarwood

**Phenols**
- Skin irritant
- Liver toxic
- Nervous system stimulant

Oregano, thyme

**Ethers**
- Neurotoxic
- Psychotropic
- Liver toxic
- Analgesic

Clove bud, basil
chemistry of essential oils

**Ketones**
- neurotoxic (camphor, thujone)
- mucolytic
- wound healing
- analgesic
  
  Frankincense, camphor

**Esters**
- antispasmodic
- calming
- anti-inflammatory
- antifungal
  
  Lavender, ylang ylang

**Aldehydes**
- antimicrobial
- anti-inflammatory
- calming
- vasodilator
  
  Lemongrass, lemon

**Oxides**
- expectorant
- 1,8-cineole
  
  Rosemary
establishing an essential oil program at your facility...see Joswiak et al, 2016

- Holistic nursing model
- Program lead
- Determining EO application methods
- EO supply chain
- Safety

- Storage
- Policies and procedures
- Staff education
- Patient education
- Documentation
establishing an essential oil program at your facility...see Joswiak et al, 2016

- Holistic nursing model: cultural readiness assessment, leadership support, budget
- Program lead: certified Aromatherapist; track program and outcomes
- Determining EO application methods: inhalation, topical
- Essential oils: determine oils, purchase quality oils, use supply chain?, expiration, oxidation, track use
- Safety: storage, EO MSDS, infection control, splashes, reactions, spills, external only, “natural does not mean harmless” (AIA)
establishing an essential oil program at your facility... see Joswiak et al, 2016

- **Storage:** cool & dark, secured, workflow friendly, pharmacy
- **Policies and procedures:** independent nursing intervention, FDA friendly language, curb off-policy use, cautions/contraindications
- **Staff education:** 1 hour mandatory, refresher info, job aides
- **Patient education:** FDA friendly language
- **Documentation:** symptom, assessment, EO, route, frequency, outcome
## Essential Oils and Symptoms

<table>
<thead>
<tr>
<th>Essential Oil</th>
<th>Indications</th>
<th>Possible contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lavender (L. angustifolia)</td>
<td>• Anxiety</td>
<td>Active respiratory disease</td>
</tr>
<tr>
<td></td>
<td>• Insomnia</td>
<td>Migraine</td>
</tr>
<tr>
<td></td>
<td>• Pain</td>
<td>Poorly controlled seizures</td>
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<tr>
<td></td>
<td></td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Mandarin (Citrus reticulata)</td>
<td>• Nausea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Restlessness and anxiety</td>
<td></td>
</tr>
<tr>
<td>Peppermint (Mentha x piperita)</td>
<td>• Nausea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Urinary retention**</td>
<td></td>
</tr>
<tr>
<td>Spearmint (Mentha spicata)</td>
<td>• Nausea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anxiety</td>
<td></td>
</tr>
</tbody>
</table>
EO uses in healthcare

- **Settings**
  - Acute care
  - Intensive care
  - Clinics
  - Procedure centers
  - Hospice
  - Home health

- Wound care
- Nausea
- Urinary retention
- Alertness
- Insomnia
- Anxiety
- Skin care
- Digestion
- Nasal congestion
EO aromasticks/inhalers/patches

https://www.beekley.com/Aromatherapy/Elequil-aromatabs

Elequil aromatabs® Orange-Peppermint

- 100% pure essential oils
- scented tab on self adhesive label
- allows for minimum or maximum scent exposure
- uplifts, energizes and can soothe queasiness

Contact for pricing

http://www.aromahaler.com

inexpensive

cotton ball in a cup and fabric hearts

$.065
EO aromasticks/inhalers/patches

http://aromastick.net

www.Bioessetech.com

4-5 Euros

www.Bioessetech.com

Lavender Inhalation Patch

$5.50

$2.00, blanks available

www.wyndmerenaturals.com

Spearmint Inhalation Patch

$2.29

OR...Buy blanks and make your own!
Topical route

- EO choices; 1-2 EOs
- Carrier oil, massage lotion, emollients
- Pre-mixed vs. nursing preparing: consistency, nursing workflow; Protocols
- Massage techniques
- Know contraindications
additional uses

- Oral infection: tea tree added to toothpaste or mouthwash
- Wound care: lavender/rosewood/geranium cream
- Hydrosols for burns, abrasions
- Insomnia; (decrease sedative use): lavender, marjoram, geranium, mandarin, cardamom, rose
- Autistic patients: lavender
- N & V: peppermint, spearmint, ginger
- Pain: black pepper, frankincense, peppermint, lavender, rose, ylang ylang, etc.
- Stress: lavender, bergamot, geranium
- Urinary retention: peppermint drop in toilet
- Nicotine addiction: black pepper
- Hospice: hospice blends (sandalwood, rose, roman chamomile, helichrysum, etc.)
- So many more
Program outcomes

- No adverse events
- Add anecdotal information

Essential Oil Usage
Primary Children's Hospital 2014

- Entries
- Lavender
- Mandarin
- Peppermint
- Spearmint
- Pain
- Anxiety
- Nausea
- Insomnia

- NTU
- IMSU
- CMU
- CSU
- CU
comments, questions, complaints!

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