



BACKGROUND

Aromatherapy is often misunderstood because many people think aromatherapy is just about inhaling aromas.

- According to the World Health Organization, over 85% of the world population still relies on herbal medicine.
- The use of essential oils links into many of the most recognized nursing theories.
- Nurses around the world are using essential oils as part of conventional medicine, often for control of infection.
- Recognized by US State Boards of Nursing as a legitimate part of holistic nursing, The use of essential oils is set to become one of the most popular tools that nurses can use to enhance their nursing care and simultaneously empower themselves (Buckle, 2001).

The use of essential oils in patient care has not been standardized and clear guidelines are needed.

With growing interest and individuals – both patients and nurses - clear guidelines will empower the safe and effective use of essential oils for all nurses and patients at Vanderbilt University Medical Center (VUMC).

Pure essential oils rarely produce an allergic effect, unlike synthetics. While there is some evidence of adverse skin reactions caused by sensitivity in rare instances, the majority of cases were from extracts rather than pure essential oils. There is minimal risk. Literature suggests that essential oils may be a safe, effective, economical option for nurses to use in the care of their patients for issues such as **insomnia, pain, nausea, infection, and anxiety.**

STUDY AIMS

Aim 1. Study the perception of nurses regarding the use of essential oils in nursing practice.

Aim 2. Study the current knowledge base of nurses regarding essential oils in a large, innovative, evidence based nursing culture.

- IRB approval
- High quality, tested essential oils diffused
- Pre and Post-survey design using electronic survey method.
- Roll out of education and opportunity to conduct unit based case studies.

HEALTH ISSUES / PROBLEMS

ANXIETY/STRESS & WELLBEING

(Lavender, Citrus Oils, Copaiba, Peppermint)

INSOMNIA (Lavender, Copaiba)

NAUSEA / VOMITING (Lavender, Peppermint)

PAIN & INFLAMMATION (Lavender, Peppermint, Copaiba)

INFECTION / WOUND CARE (Lavender, Melaleuca, Copaiba)



METHODS OF USE

AROMATIC:

Direct inhalation, diffused

TOPICAL:

Massage, bath, compress, topical application using a carrier oil to dilute.

INTERNAL use, while common practice among experienced practitioners, is not currently supported in nursing protocols.

CRITERIA FOR SAFE ESSENTIAL OIL USE

Optimal Growth Sourcing

Single Harvest

GC/MS data disclosure

Rigorous Testing:

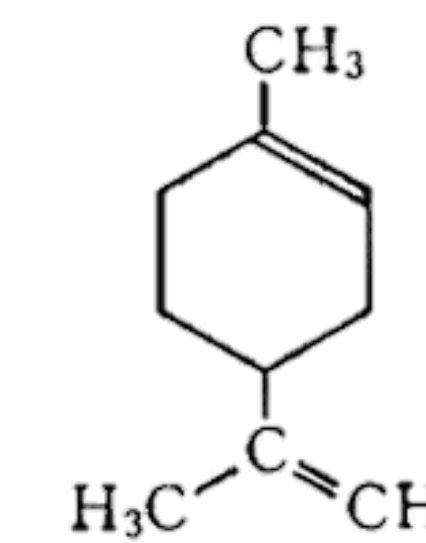
- Gas chromatography (GC)
- Mass Spectrometry (MS)
- Infrared Spectroscopy
- Organoleptic tests (taste, sight, touch, and smell)



ESSENTIAL OILS IN PROPOSED PROTOCOLS

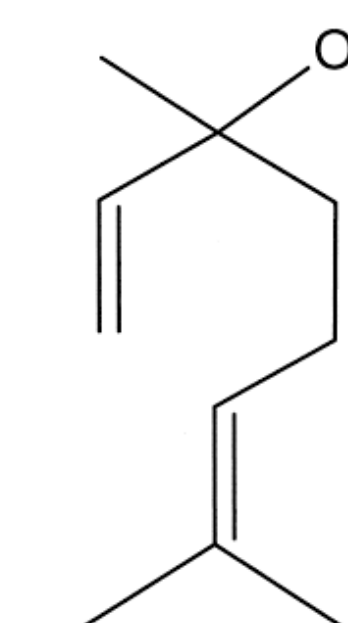
CITRUS OILS (Lemon, Lime, Wild Orange, Bergamot, Tangerine)

- Primary Constituents: Limonene
- Plant Part: Rinds
- Extraction Method: Cold Pressed
- reducing anxiety and stress, antioxidant capacity, immune system support



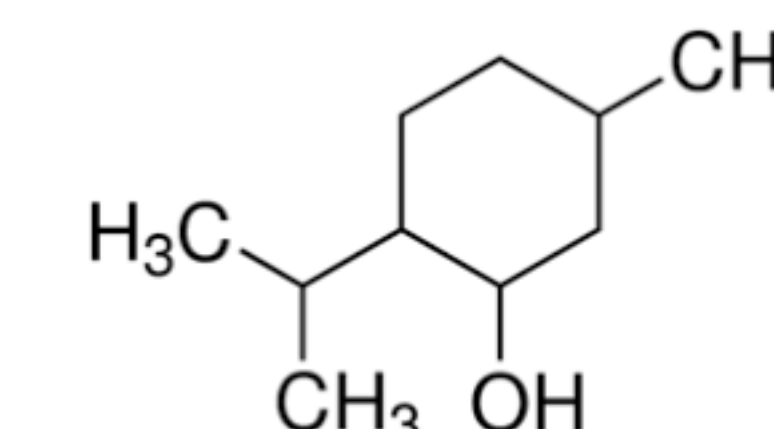
Lavender: *Lavandula Angustifolia*

- Primary Constituents: Linalool, Linalyl acetate, Ocimene
- Plant Part: Flower
- Extraction Method: Steam Distillation
- Calming: skin, anxiety, insomnia, pain



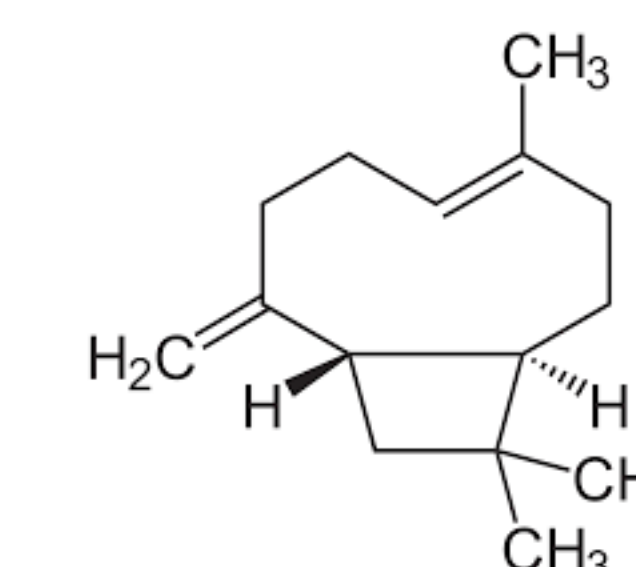
Peppermint : *Menta peperita*

- Main Chemical Components: Menthol, menthone, eucalyptol
- Plant Part: Whole Plant
- Extraction Method: Steam Distillation
- Cooling: fever, tension, nausea, congestion, urinary retention



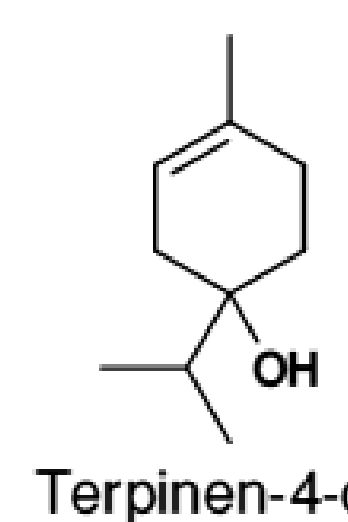
Copaiba: *Copaifera reticulata, officinalis, coriacea and langsdorffii*

- Main Chemical Component: β-caryophyllene
- Plant Part: Resin
- Extraction Method: Cold pressed/expressed
- reduce pain, eliminate inflammation, protect against infections, heal the skin, prevent fungal growth, and boost the respiratory health..



MELALEUCA: *Melaleuca Alternifolia*

- Main Chemical Component: Terpinen-4-ol, γ-terpinene, α-terpinene
- Plant Part: Leaf
- Extraction Method: Steam Distillation
- powerful antiseptic properties and ability to treat wounds.



REFERENCES

- Allard, M. E., & Katsares, J. (2016). CE: Using Essential Oils to Enhance Nursing Practice and for Self-Care. *AJN The American Journal of Nursing*, 116(2), 42-49.
- Buckle, J. (2007). Literature review: should nursing take aromatherapy more seriously?. *British Journal of Nursing*, 16(2), 116-120.
- Buckle, J. (2001). The role of aromatherapy in nursing care. *The Nursing Clinics of North America*, 36(1), 57-72.
- Dunning, T. (2005). Applying a quality use of medicines framework to using essential oils in nursing practice. *Complementary therapies in clinical practice*, 11(3), 172-181.
- Hunt, R., Dienemann, J., Norton, H. J., Hartley, W., Hudgens, A., Stern, T., & Divine, G. (2013). Aromatherapy as treatment for postoperative nausea: a randomized trial. *Anesthesia & Analgesia*, 117(3), 597-604.