NJCOMO Research Presentation Research Title

Does the Addition of Aromatherapy by Utilizing the Elequil Aromatabs® in Hospice Reduce Reported Levels of Pain and Anxiety/Agitation

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Introduction/Background

Joint Commission has mandated for a non-pharmacological intervention in the clinical setting to implement protocols for the management of pain either decreasing the use of opioids or excluding them entirely for management of symptoms secondary to the opioid crisis (The Joint Commission, 2018). Aromatherapy is one example of a non-pharmacological intervention used globally with benefits in promoting relaxation, calmness, and enhancing sleep (Cooke & Ernst, 2000). According to Shady, McCulloh Nair, and Crannell (2019), essential oil lavender can increase the quality of sleep by 94%. Dementia patients, in a randomized controlled trial, have exhibited a decrease in agitation ($p = 0.04$) with the use of lavender as noted by Watson, Hatcher, and Good (2019).

Objectives/Study Purpose

The Elequil aromatabs® therapy supports the complementary holistic integrated clinical support, as well as the Joint Commission standards for non-pharmacological interventions. The results of this study could reflect a reduction of the use of medications for management of symptoms as in, opioids for pain and anti-anxiety/agitation medications. The goal is to provide the most accurate evidence-based research as a conjunction therapy in reducing pain, anxiety, and agitation to improve quality care at the end of life in hospice.

Research Design

This is an intervention study using a convenience sample of hospice patients admitted to the hospice unit of Holy Name. After receiving information about the aromatherapy treatment, patients and/or their legal representative will sign consents to be enrolled in the study.

Population/Sample

Utilizing the Elequil aromatabs® lavender-sandalwood #370 scent allows up to 24 hr intervention placed on the clothing allows inhalation of the scent without applying to the patient's skin (Beekley Corporation Medical Education Center, 2022). PICO population will utilize a convenience sample of 100 patients admitted to the hospice unit at Holy Name. The intervention of the Elequil aromatabs® verses no aromatabs® utilizing the maximum dose, will

hopefully demonstrate a clinically significant outcome in reducing levels of pain, anxiety, and agitation.

Research Methodologies

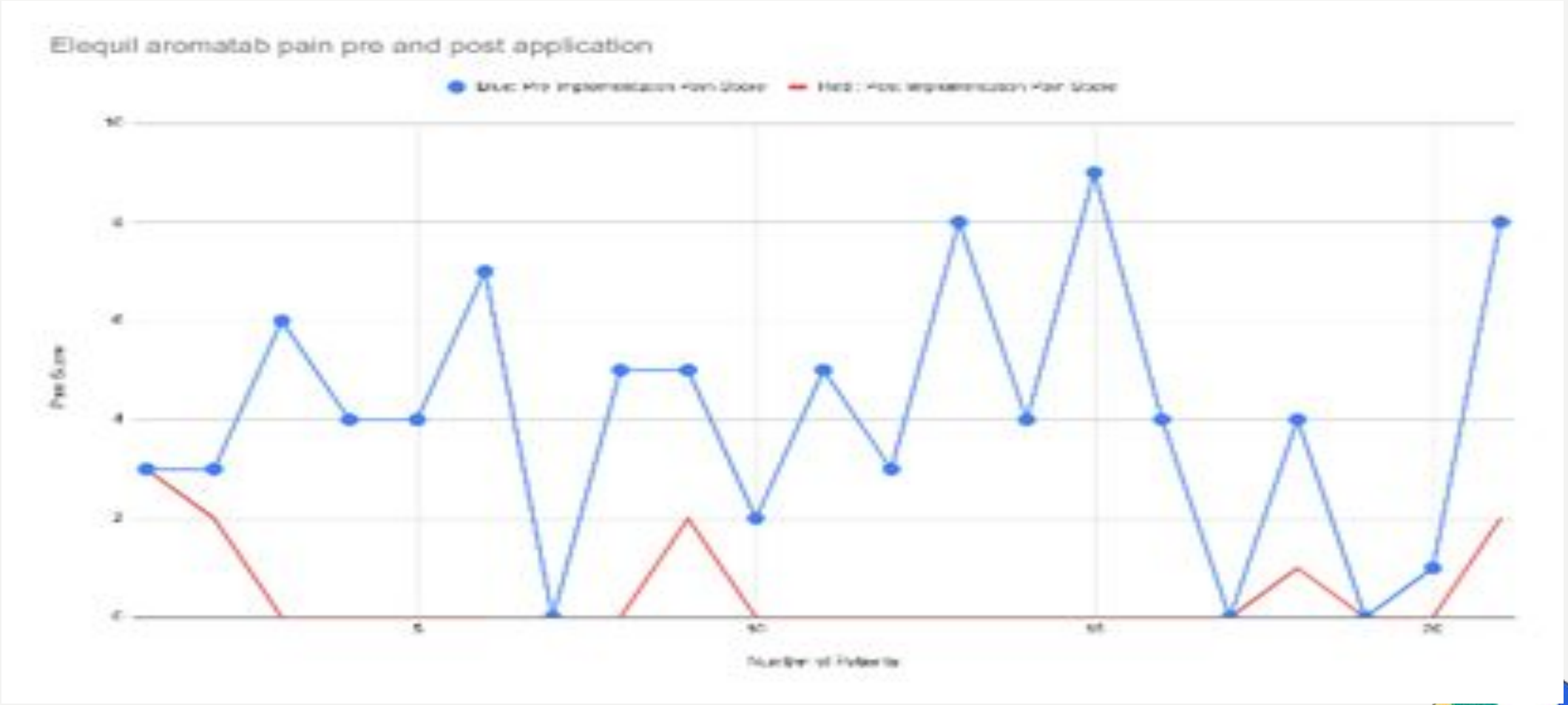
The tool for pain utilized are as follows: for a verbal patient scale 0-10, for nonverbal non-dementia; FLACC scale, and a nonverbal patient with dementia; PAINAD scale.

Anxiety/ agitation levels will be measured with the Richmond Agitation Sedation Scale (RASS).

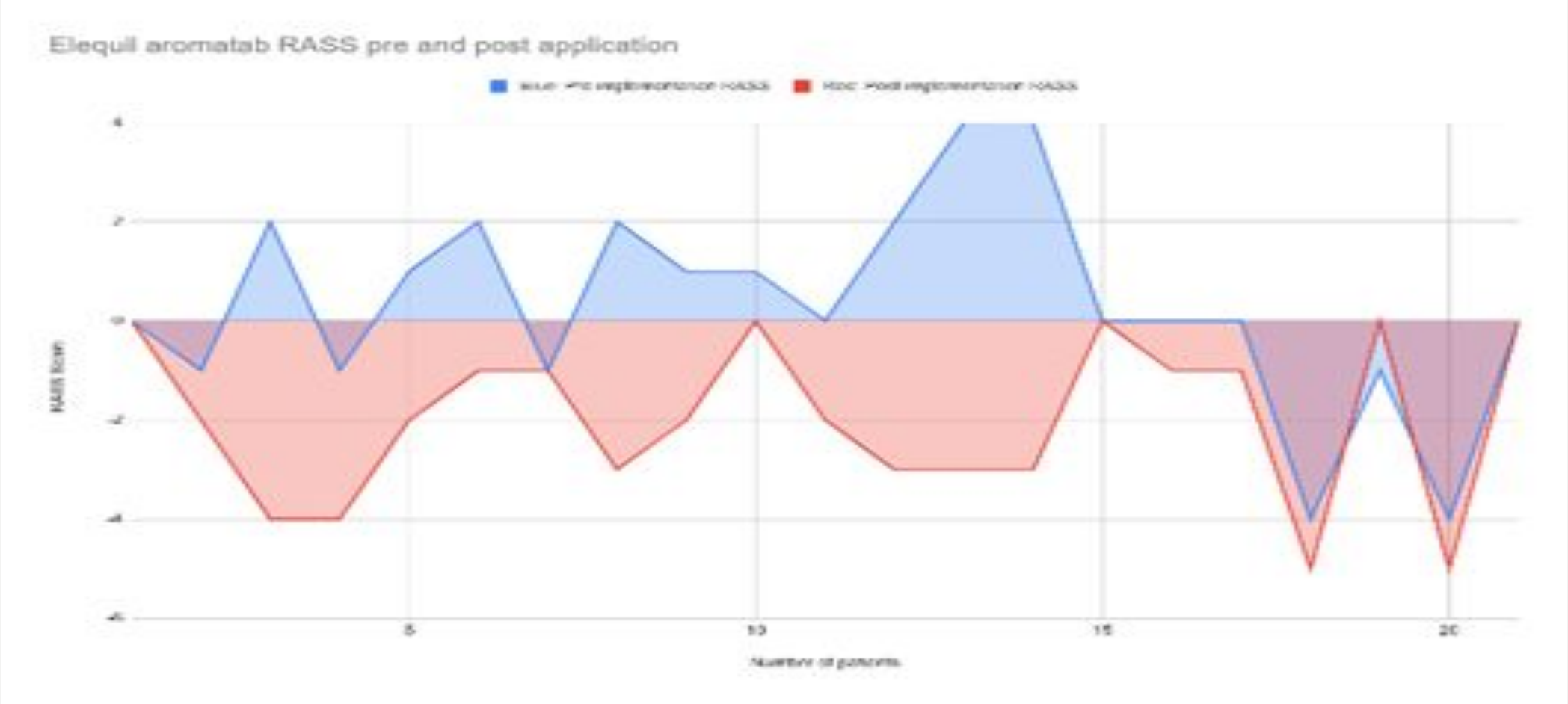
Research Analysis

Data will be collected before and 60 min after placement of the Elequil aromatabs® patch intervention utilizing the tools noted above to collect numerical score results of pain, anxiety, and agitation. Data regarding any medications administered prior to, at the 30-minute medication repeat administration, and at the 60 min reassessment of symptoms will be noted on the survey for additional data regarding the Elequil aromatabs® intervention in conjunction with medication or without. Medications will be evaluated to determine any significant change during intervention. Data will be statistically analyzed using the McNemar Test.

Summary of Findings: PAIN



Summary of Findings : RASS



Conclusion

Barriers to enrollment are noted as patient census, patients and families in crisis at time of signing consent, and volume of initial consenting required for electing hospice benefit.

Data collection is ongoing at this time. Interim data analysis at 21 enrolled patients has shown a positive reduction in pain by 87% with the Elequil Aromatabs® in conjunction with pharmacologic and nonpharmacologic interventions. Additionally, patients, as well as families have commented that the scent is calming.

References

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