

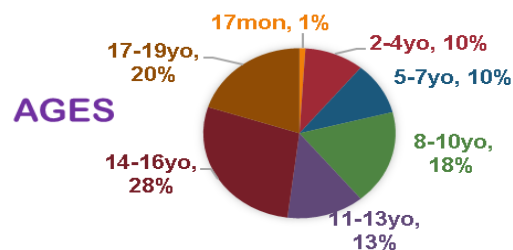
NON-PHARMACOLOGICAL OPTION FOR SELF-ADMINISTERED NAUSEA RELIEF IN THE PEDIATRIC ED ESSENTIAL OIL BLEND AROMATIC INHALER (EOBAI)(AI)

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PURPOSE: Our staff wanted to offer a non-pharmacological option for nausea that is self-administered/controlled, nurse directed with little to no continued nursing supervision, and had no limit or maximum use/frequency. Although the EOBAI is widely used in labor/delivery, adult PACU, and adult/pediatric HemOnc clinics and in-patient units; the EOBAI has little previous use in pediatric or adult emergency departments.

PRODUCT: The aromatic inhaler is an essential oil blend of spearmint, ginger, peppermint, and lavender.

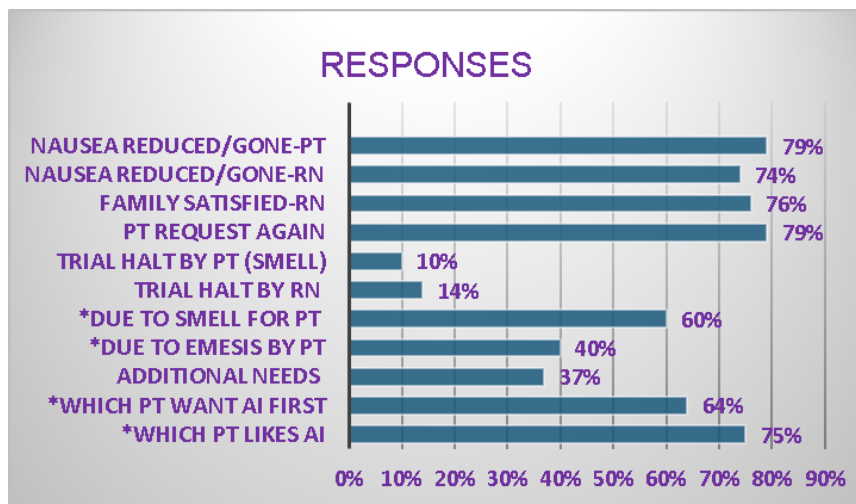


PARTICIPANTS:

Inclusion criteria: Any patient 2yrs and older that has not received an antiemetic within 30minutes of presentation with a complaint of nausea.

Exclusion criteria: Any mechanical or obstructive pathophysiology (appendicitis, bowel obstruction or intussusception etc.)

PROCEDURE: After obtaining verbal consent from the patient or family, the EOBAI is demonstrated by the staff member. EOBAI is then left with the patient or family to self-administer. Patients, families or staff may halt the trial at any time. If no resolution of nausea within 30 minutes, other measures are offered. Staff and patient/family complete a survey after the trial is completed or stopped.



PATIENT PRESENTATION

Neuro: syncope, headache, traumatic brain injury, concussion

Cardiac/Resp: asthma, chest pain, cystic fibrosis, pneumonia, pneumothorax

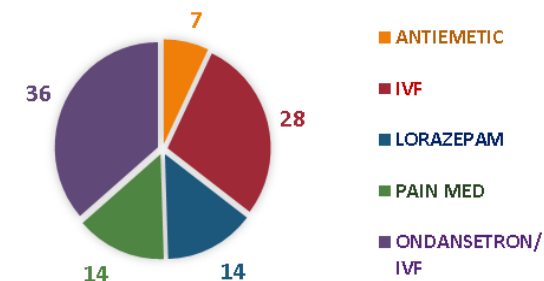
GI/GU: abdomen pain, kidney stone, IDDM, constipation, pregnancy, menses
ovarian cyst, ulcerative colitis, Cdiff complications

EENT: eye pain, sore throat

Musculoskeletal /Skin: fractures, abscess

Other: HemOnc port concerns, drug/alcohol ingestions, anxiety,
suicide gesture/ideation, depression, nitrous sedation

ADDITIONAL INTERVENTIONS



POST IMPRESSIONS : Due to our small daily census (30-50) and exclusion criteria, the sample size is small (40) and over a 2-3 month period. Girls were enrolled twice as often as boys. Teens were enrolled twice as often as school age. One 17 month old was included per mom's request due to her concurrent use of home essential oils during the triage. In spite of our small sample size, we had a broad representation of pediatric emergency department chief complaints. Overall patients and families were very satisfied with the EOBAI(76%) and would request it again (79%). A year after the EOBAI was approved for use in our pediatric emergency department, the EOBAI is still frequently offered to school age and older patients with nausea and stress/anxiety related issues.