

Aromatherapy interventions for patient discomfort

A cost-benefit report for nurse and healthcare leaders

Aromatherapy interventions for patient discomfort

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Executive Summary

Surgery's big little problem

Patient nausea and vomiting is regarded as a particularly pernicious clinical issue: prevalent across most units, disruptive to recovery as well as resources, and acutely disliked by patients. It's also surprisingly common: postoperative nausea and vomiting (PONV) affects around 30 - 50% of surgical patients,¹ while chemotherapy-induced nausea and vomiting (CINV) affects approximately 60% - 80% of recipients,² and accounts for almost 10% of "avoidable" toxicity-related post-chemotherapy hospitalizations (2016 Medicare data).³ Nausea is also reported as one of the more undesired complications of general anesthesia.¹

The associated risks of uncontrolled PONV or CINV – including electrolyte disturbance, wound dehiscence, dehydration, and epigastric pain – can complicate recovery, leading to possible extended PACU stays, higher risk of readmission, and disruptions to the daily lives of discharged patients. Patient nausea and vomiting outcomes can therefore affect hospital performance, operational costs and perceptions of care. For hospitals aspiring to maintain specific standards of care, like improving HCAHPS scores or increasing revenue, addressing patient nausea and vomiting is of great priority.

Reviewing conventional treatment options

Commonly-used antiemetic drugs can be costly, sometimes causing side effects that require further care, which can influence patient satisfaction and budgets. Implementing an antiemetic drug treatment also requires practitioners to assess potential compounding drug interactions and dosage instructions. Furthermore, consensus guidelines published by *The Society for Ambulatory Anesthesia* (SAMBA) suggests

that PONV is best addressed through a multimodal approach, whereby PONV should be treated with an antiemetic "from a different pharmacologic class than what was administered for prophylaxis", should the first-line treatment fail.¹ This reduces the option pool when seeking appropriate interventions that do not interact with previously-administered drugs.

In light of these factors, hospitals must consider not only the costliness of failing to address nausea and vomiting, but be mindful when selecting an appropriate strategy to address it.

Therapeutic inhaled essential oils as a cost-saving intervention

Acknowledged in SAMBA's guidelines as an appropriate rescue therapy for PONV, inhalation aromatherapy has become an increasingly popular first-line intervention within hospitals, thanks to its safety profile, absence of drug interaction and side effects, and rapid onset due to ease of administration.⁴ This is largely due to the advancement of aromatherapy inhaler delivery systems created primarily for hospital use, like QueaseEASE by Soothing Scents, which have led to safer and more sophisticated administration practices, and have made it easier for patients to control their own symptoms by handling a safe, portable device when and as nausea arises.

The following report outlines the economic implications of patient nausea and vomiting: assessing both the cost of failing to address these conditions, and laying out various cost considerations to help practitioners evaluate appropriate rescue strategies for their organizations. This report also presents a clinical and financial case for the use of therapeutic inhaled essential oils (or TIEO) – a term given to the standardized practice of administering inhalation aromatherapy using oils and delivery systems compatible with the hospital setting – as a first-line or adjunct agent for nauseated patients, and introduces guideline criteria for selecting the best inhaled aromatherapy tools for optimal value-based patient care.

¹ Vallire D. H. SAMBA consensus guidelines for the management of postoperative nausea and vomiting: An executive summary for perianesthesia nurses. *Journal of PeriAnesthesia Nursing*. Oct 2015; 30(5):377-382

² Carnio S, Galetta D, Scotti V, et al. Chemotherapy-induced nausea and vomiting (CINV) in patients with advanced lung cancer during the first-line treatment: assessment by physicians, nurses, and patients from an Italian multicenter survey. *Support Care Cancer*. 2018;26(6):1841-1849.

³ Roeland, E et al. Inpatient hospitalization costs associated with nausea and vomiting among patients with cancer. *Journal of Clinical Oncology*. 2018; 36: 112-112. 10.1200/JCO.2018.36.34_suppl.112

⁴ Whitley, M. The use of aromatherapy for the treatment of postoperative nausea and vomiting. 2019. University Honors Theses, Portland State University. Paper 750.

TIEO for Nausea & Vomiting

What is it?

A form of therapy that uses blended essential oil vapors to manage queasiness and anxiety experienced by patients undergoing treatment.

Uses in the hospital setting



To manage nausea experienced after anesthesia.



To be given to discharged patients to manage symptoms at home.



To comfort patients and family members in waiting rooms.



To calm anxious patients preparing for medical procedures.

Considering the financial impact of nausea & vomiting

Calculating the financial toll of nausea and vomiting is complex and varies from hospital to hospital, but we generally observe that several consequences of failing to control nausea and vomiting, namely unanticipated readmissions, protracted care needs, increases in staff time, and unfavorable patient survey scores, contribute to these increases, and could well exceed the cost of introducing an effective prophylaxis strategy in clinical practice.

PONV/PDNV: \$75 per patient, one additional hour in PACU

A 2012 study that surveyed 100 ambulatory surgery patients found that PONV and PDNV imposed an incremental cost of **\$75 per patient** (95% confidence interval, \$67 to \$86). This final number included increased hospital staff time and PACU length of stay. PONV/PDNV was also shown to negatively affect quality of life once patient was discharged.

Source: Parra-Sanchez I, et al.⁵

CINV: \$778 over the course of five days of chemotherapy

A 2011 U.S. GlaxoSmithKline study surveyed 178 patients, 61.2% of whom experienced CINV. Ninety-percent of those patients reported a significant impact on daily functioning, while total costs incurred by healthcare facilities due to CINV were on average **\$778.58** per patient over 5 days of treatment.

Source: Haiderali A et al, 2011⁶

Resulting costs when antiemetics are introduced.

- Cost of medications or therapies to treat medication-induced side effects.
- Acquisition cost of medications.
- Equipment and resources used for the Tx of persistent PONV.
- Additional time spent on administration, monitoring and medication reconciliation.

Resulting costs if nausea & vomiting is not controlled.

- Protracted length of stay in PACU; increased use of PACU resources.
- Increased management time from nurse, physician and pharmacy.
- Potential for reduced HCAHPS scores.
- Unanticipated hospitalizations and readmissions.
- Unrelieved post-discharge nausea and vomiting (PDNV) that impedes patients' ability to return to work or everyday activities.
- Poorer quality of life for chronic CINV sufferers and their families.
- Fear and anxiety related to nausea and vomiting, and treatment thereof.

⁵ Parra-Sanchez I, et al. A time-motion economic analysis of postoperative nausea and vomiting in ambulatory surgery. 2012;59(4):366-375.

⁶ Haiderali A, Menditto L, Good M, Teitelbaum A, Wegner J. Impact on daily functioning and indirect/direct costs associated with chemotherapy-induced nausea and vomiting (CINV) in a US population. Support Care Cancer. 2011;19(6):843-851.

The opportunity cost of nausea & vomiting

Newer insurance reimbursement models, such as bundled payments per surgical case, place responsibility on facilities to identify opportunity costs for increased revenue.

Understanding the opportunity costs and their implications on facilities is fundamental to value-based healthcare, which relies on the balance between minimizing costs and maximizing quality output in order to succeed.

Failure to control a patient's nausea and vomiting can present several opportunity costs, including:

DECREASES IN SURGICAL CASES

Because uncontrolled patient PONV, on average, increases length of stay in PACU, overall admissions rates are likely to be affected. Data in one study⁷ suggests that a 20% PONV rate across 2,400 surgical cases resulted in 192 lost cases. Longer wait times also lead to greater dissatisfaction among patients.

UNANTICIPATED READMISSIONS

Nausea, vomiting and retching frequently complicate recovery* following anesthesia, and can result in unanticipated readmissions. High readmission rates are costly for hospitals for three reasons: they slow the overall turnaround of patients, leading to longer wait times and fewer cases; they can deter patients from choosing a specific hospital, as readmission data is publicly reported and can diminish a hospital's reputation; and they can incur penalties under the CMS Readmission Reduction Program, which routinely reduces funding in hospitals with high readmissions.

PATIENT SATISFACTION SCORES

In 2016, an **Accenture** report determined that hospitals that consistently delivered excellent patient care achieved 50% higher net margins, on average.⁸ Moreover, the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, allocates Medicare and Medicaid reimbursements based on patient satisfaction scores precisely to incentivize hospitals to improve quality of care. Patients often rate nausea and vomiting as a predominant concern (with surgical patients ranking their perception of PONV as worse than postoperative pain**) making it in the interest of facilities to optimize patient experience through quick and effective management of nausea and vomiting symptoms.



The importance of post-discharge care

Unrelieved PONV/CINV is linked to an increase in readmissions, doctor visits, and recovery setbacks. Poor post-discharge recovery can also diminish a patient's quality of life and ability to work efficiently after surgery, which can negatively impact their perception of received care.

The post-discharge phase is a critical part of care, and should be considered thoughtfully by facilities looking to optimize their outputs.

* Vomiting or retching can result in wound dehiscence, esophageal rupture, aspiration, dehydration, increased intracranial pressure and pneumothorax.

** A study that surveyed over 100 surgical patients showed that patients rated vomiting as the most undesirable outcome after surgery¹⁰

⁷ Macario A, Weinger M, Carney S, Kim A. Which clinical anesthesia outcomes are important to avoid? The perspective of patients. *Anesth Analg.* 1999;89(3):652-658.

⁸ Accenture, 2020. U.S. Hospitals That Provide Superior Patient Experience Generate 50 Percent Higher Financial Performance Than Average Providers, Accenture Finds. [online] [newsroom.accenture.com](https://www.accenture.com).

Nausea by the Numbers



30-50%

of patients experience nausea after surgery. The rate for high-risk patients is estimated at **70-80%**.

(source: SAMBA consensus guidelines 2014.¹)



\$75

The incremental additional cost to treat a patient with PONV in ambulatory care in the U.S., versus those who did not suffer PONV.

(source: Parra-Sanchez I, et al, 2012.⁵)



14 mins

additional minutes of nursing time required for each PONV patient.

(source: Parra-Sanchez I, et al, 2012.⁵)



25%

how much longer general anesthesia patients who experience PONV stay in ambulatory care, compared to those who don't.

(source: Chung, F and Mezei, G. 2000.⁹)



\$778

estimated cost of uncontrolled CINV during the first 5 days of chemotherapy.

(source: Haiderali, A et al, 2011.⁷)



32%

of healthcare practitioners who have had to delay or discontinue chemotherapy due to CINV.

(source: Van Laar, E.S et al, 2015.¹⁰)



60 - 80%

of chemotherapy patients who experience CINV.

(source: Carnio, S et al, 2016.²)

⁹ Chung, F, Mezei, G. Factors contributing to a prolonged stay after ambulatory surgery. *Anesth Analg.* 1999;89(6):1352-1359.

¹⁰ Van Laar ES, Desai JM, Jatoi A. Professional educational needs for chemotherapy-induced nausea and vomiting (CINV): multinational survey results from 2388 health care providers. *Support Care Cancer.* 2015;23(1):151-157.

Making the case for TIEO in patient nausea management

What is it, and how does it work?

TIEO employed in the clinical setting is an inexpensive, drug-free, and patient-controlled rescue therapy* to manage to manage discomfort, like queasiness or anxiety, experienced by patients. It works by inhaling a formulated oil vapor blend with antispasmodic and antiemetic properties (often involving ginger, lavender, spearmint and peppermint) through the nose, for as long as symptoms persist. The high alcohol content of the essential oils interrupts the nausea feedback loop in the brain's limbic system, whereas calming essential oils like bergamot and lavender work with a patient's inherent scent bias to elicit a calming, emotional response. Inhaled aromatherapy's integrative role in care may appeal to hospitals seeking to add value and reduce costs over time, the details of which are outlined on page 12 of this report.

Scent bias and its role in patient care

Scent bias occurs when patients attribute a memory-associated emotion to certain odors, which can be positive or negative, and can therefore influence one's perception of a particular event or environment. Many healthcare providers encounter patients who have negative associations due to past treatment experience, and this can disrupt both their satisfaction and their level of compliance during care. TIEO interventions like QueaseEASE are human-centric, in that they take into consideration the feelings, associations, and needs of the users they serve. They are beneficial because they leverage scent bias to improve the experience for patients, by offering a more gentle, soothing smell association, or overriding a previous association.

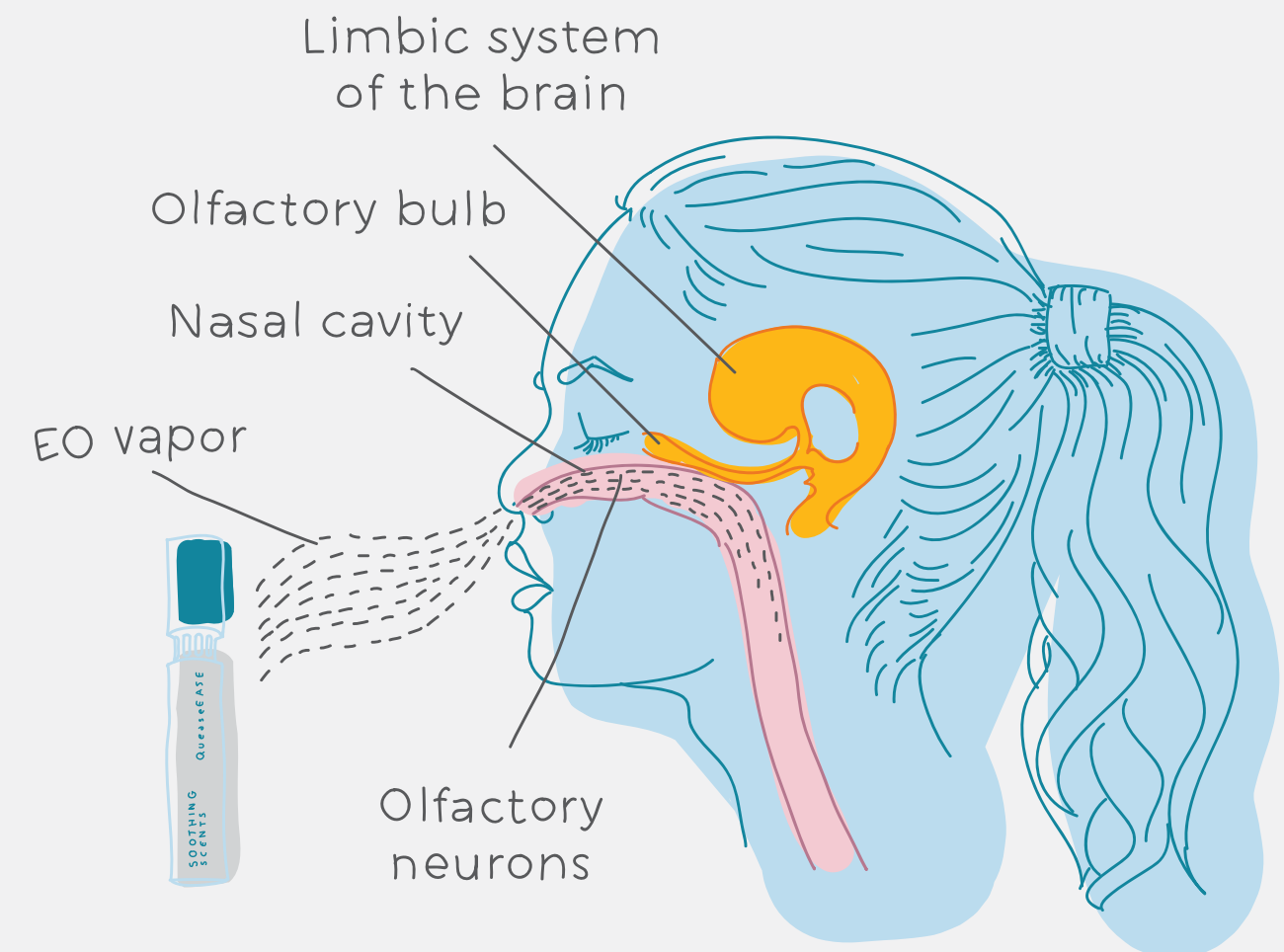
Scent Bias and QueaseEASE®

Scent bias is one reason that incentivized Wendy Nichols, CRNA and the founder of Soothing Scents, to develop QueaseEASE.

The concept derived from a patient encounter in 2003, when Nichols tried to relieve a nauseated C-section patients with an isopropyl alcohol pad. The patient recoiled and dismissed the intervention due to a negative personal association with the smell. This scent bias to isopropyl alcohol led to the creation of the essential oil-based alternative, which is now used in over 2,000 hospitals across the country.

How inhaled aromatherapy works for management of nausea

When inhaled, scent molecules from certain essential oil vapors (like lavender and ginger), travel through the nasal cavity and are received by the olfactory bulb. This process signals to the limbic system to intercept the nausea cycle. Scent molecules also stimulate the amygdala, responsible for emotional retrieval, thereby having a potential effect on the mood of the patient.



Added economic value outcomes in TIEO

TIEO can help improve patient outcomes due to its safety profile, absence of drug interaction and side effects, and rapid onset due to ease of administration. Inhaled aromatherapy adds economic and clinical value as follows:

Cost-Reducing

1. REDUCES NURSE TIME AND ENERGY USED TO ADMINISTER AND MONITOR TREATMENT

TIEO is typically delivered using an appropriate inhaler mechanism that patients and nurses can administer quickly and safely, without any additional setup or monitoring resources (like an IV, for example). A patient-driven treatment minimizes nurse time, and the absence of a drug removes the need to administer and monitor dosage.

2. NO RISK OF SIDE EFFECTS OR DRUG INTERACTIONS.

TIEO is not a drug and has no documented reports of negative side effects in the clinical setting, eliminating the need to treat additional symptoms or to prepare for possible drug interactions.

3. DECREASES THE NEED FOR ADDITIONAL ANTIEMETICS, REDUCING PHARMACY AND STAFF TIME, AND ADMINISTRATIVE COSTS.

Because facilities are required to utilize a different antiemetic agent if a prophylactic fails, accounting for this variation comes with additional financial, administrative and oversight considerations. Choosing aromatherapy as either a first-line or second-line intervention reduces these resources as they are safe to interact with other agents, typically do not require a physician's order, and do not present side effects that may need to be treated. It also may eliminate the need for an

additional antiemetic agent: A 2016 study of QueaseEASE (an inhaled aromatherapy intervention offered by Soothing Scents) found a 60% reduction in the need for additional antiemetics after patients used the product (study by Houston Methodist, May 2016).¹¹

4. REDUCES LENGTH OF TIME TO ALLEVIATE PONV

A study using QueaseEASE reported a 15-minute decrease in PACU length of stay (Queens Medical Center, July 2012)¹¹ while another trial reported an 88% difference in the time it took to achieve relief from the point of administration, from 66.8 minutes using antiemetics, to 7.8 minutes with QueaseEASE (UMass Lowell's School of Nursing, 2018)¹¹. The fast-acting nature of inhaled aromatherapy can contribute to shorter recovery periods as well as favorable satisfaction rates in patients.



A study by Houston Methodist, Houston in 2016 reported a 60% reduction in the need for additional antiemetics after patients used inhaled aromatherapy.

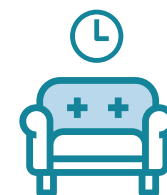
Value-Adding

1. EFFECTIVELY REDUCES PONV AND PDNV

Multiple studies, both those examining QueaseEASE and other trials using essential oils, have shown inhaled aromatherapy to be an effective method of relieving nausea. Eighty-five percent of patients in one study with QueaseEASE[®] experienced total relief from nausea (Oregon Health and Science University, April 2017)¹¹ while a 2016 trial by Briggs et al reported an average nausea scale rating decrease, from 3.29 (on a scale of 5, SD, 1.0) to 1.44 (SD, 1.3) just two minutes after patients inhaled peppermint oil.¹²

2. EASILY PROVIDED AS NAUSEA AND VOMITING AGENT IN WAITING ROOMS AND POST-DISCHARGE

The ease and safety of inhaled aromatherapy make it a compelling option for handling queasiness while patients await care. Similarly, the ability to send inhalers home with a patient after discharge for at-home, self-managed care, is a huge advantage to facilities seeking to reduce unanticipated readmissions and improved satisfaction. (A 2017 study showed that QueaseEASE was 33% more effective in reducing post-discharge nausea than standard care. Stallings-Welden, L, et al, 2017).¹³



A 2017 Deaconess Hospital study found inhaled aromatherapy to be 33% more effective in reducing post-discharge nausea than standard care.

3. IMPROVED PATIENT EXPERIENCE AND SATISFACTION

Inhaled aromatherapy is regularly linked to positive views of care and greater HCAHPS scores, due to the autonomy and sense of control experienced by patients who use it. It is believed the pleasant aroma of essential oils can override negative scent bias experienced by patients who associate hospitals and specific kinds of treatment unfavorably. This is most notable in chemotherapy patients.

4. FASTER PROCUREMENT AND ACCESS

TIEO is classified as a drug-free designated nursing intervention that does not require a physician's order, thereby reducing procurement and administrative resources, allowing nurses to work more efficiently without compromising patient safety.

5. EASE OF INTEGRATION INTO A MULTIMODAL PONV TREATMENT APPROACH RECOMMENDED FOR BETTER ERAS

As already mentioned, inhaled aromatherapy can be administered quickly without concerns over contraindications, drug dosage and interactions, or side effects that may cause recovery delays. Because of this, inhaled aromatherapy is a beneficial addition to a diversified antiemetic treatment protocol under ERAS (*Enhanced Recovery After Surgery*).

Key Takeaways

TIEO, when administered through an appropriate delivery system...

- Is a fast-acting, patient-driven treatment, meaning patients can control and administer the intervention themselves, or with a nurse.
- Presents none of the side effects associated with conventional antiemetics, like sedation.
- Is drug-free, has no dosage requirements or contraindications, and does not require a doctor's order.
- Is an adjunct intervention that can help reduce the need for subsequent antiemetic agents, and can be incorporated seamlessly into a multimodal PONV treatment plan.
- Can be used in waiting rooms and after discharge to help soothe patients

*As always, please consult with patients who have a history of scent sensitivity or interactions.

¹¹ Soothing Scents research studies booklet, 2019. www.soothing-scents.com/research/

¹² Briggs, Patricia & Hawrylack, Helen & Mooney, Ruth. Inhaled peppermint oil for postop nausea in patients undergoing cardiac surgery. *Nursing*; 2016, 46, 61-67. 10.1097/01.NURSE.0000482882.38607.5c.

¹³Lois M. Stallings-Welden, DNP, RN, CNS et al . A comparison of aromatherapy to standard care for relief of PONV and PDNV in ambulatory surgical patients, 2018 .*Journal of PeriAnesthesia Nursing*.

Correct TIEO delivery systems

TIEO is not unlike other interventions – it is important to adhere to hospital safety standards and make sure a delivery system that optimizes efficiency and patient experience is used.

TIEO systems should involve the following:

RESEAL MECHANISM FOR GREATER EFFICIENCY OVER TIME.

Delivery mechanisms should be designed for active dispensation that can be sealed between incidents of nausea. This ensures a steady and consistent potency and helps preserve the intervention. Stickers, or handcrafted applicators (like placing essential oils on cotton), can lose their efficacy more quickly.

PROTECTIVE CASING THAT PRESERVES BETWEEN USES

Oils are a risk to patients if undiluted oils come into contact with the skin. Ensure any essential oils or blends are delivered in a solid, protective casing that removes the risk of leaks and spills, and is compliant with hospital safety standards.

PATIENT INTERACTION AND EASE OF USE

TIEO works best as a patient-driven tool, meaning that patients should be able to hold, maneuver and administer it if necessary. The best option is an inhaler or tab, one that can be fastened to clothing. Avoid stickers or complicated fasteners that encourage passive use.

Conclusion

The financial effects of protracted PONV and CINV are pervasive and often hidden, but are undoubtedly worth addressing if hospitals are to achieve their performance and revenue targets, in particular those hospitals looking to improve the quality and experience of the care they provide.

While antiemetic prophylactics and medications can help ease symptoms, they can be costly, present unwanted side effects that extend the time and resources of hospital staff, and may require a combination of different agents to be effective. Due to its high safety profile, ease of administration, lack of undesired side effects and drug interactions, and

portability, TIEO is an effective and cost-beneficial rescue option, one that can be used as part of a multimodal approach in ambulatory care as well as an effective patient-driven aid for those who have been discharged or are currently undergoing extended chemotherapy at home.

TIEO interventions like QueaseEASE thus offer an inexpensive, low-risk, drug-free solution to hospitals that are interested in reducing costs while enhancing recovery and patients' experience of care.

QueaseEASE

Nausea management intervention

About QueaseEASE

QueaseEASE is a clinical TIEO inhaler system designed to manage nausea experienced by surgical patients.

It uses an essential oil formulation that eases feelings of nausea and distress when transmitted through the olfactory system, without causing sedation or other side effects often associated with antiemetic interventions.

Combined with a twist-cap delivery system that allows for safe and simple administration by a nurse or the patient, QueaseEASE is a preferred first-line intervention for PONV, working rapidly while improving a patient's hospital experience and recovery.

INGREDIENTS:

peppermint, (Mentha x piperita), spearmint (Mentha spicata), lavender (Lavandula angustifolia) and ginger (Zingiber officinale).

“I have personally witnessed the benefits of QueaseEASE in our post anesthesia care unit. Our patients frequently experience nausea from chemotherapy and pain medications/anesthesia and QueaseEASE is often very helpful to alleviate the nausea/vomiting our patients experience. It is wonderful to have a natural alternative to offer our patients to help relieve nausea and anxiety! I highly recommend QueaseEASE!”

- Recovery Nurse, Memphis, TN



Research findings using QueaseEASE [2012- 2019]

Effective PONV relief

85% of patients in one study with QueaseEASE experienced **total relief** from nausea. [Oregon Health and Science University, Portland, OR, April 2017]

Reduced need for second-line treatment

A study by Houston Methodist, Houston, TX (May 2016) found a **60% reduction** in the need for additional antiemetics after patients used QueaseEASE.

Decreased PACU length of stay

A reported **15-minute average decrease in PACU** stay was reported in a trial at Queens Medical Center, Honolulu, HI (July 2012).

Better PDNV management

Researchers at Deaconess Hospital, Inc., Evansville, IN, (March 2017) reported aromatherapy to be **33% more** effective in reducing post-discharge nausea than standard care.

Rapid onset

A study at UMass Lowell's School of Nursing, Boston, MA (Nov 2018) saw an **88% difference** in the time taken to achieve relief from the point of administration, from **66.8 minutes using antiemetics**, versus **7.8 minutes with QueaseEASE**.

High patient satisfaction

In a 3-month pilot program implemented in the pediatric oncology unit at St. Jude Children's Research Hospital, Memphis, TN (Sep 2014), patients surveyed reported to be satisfied overall with QueaseEASE, with **97%** stating that they would use the intervention again.

Facilities that have partnered with Soothing Scents



Choosing QueaseEASE for Your Patients

Average time to efficacy?	3 - 7.8 minutes
Specific instructions or contraindications to be considered?	None
Cost considerations related to equipment and administration?	No additional equipment is needed
Side effects that may require additional care / cost?	None
Additional nurse monitoring and care required?	No
Can be given to patients for post-discharge/at-home use?	Yes
Can be used on patients prior to admission or while in waiting rooms?	Yes
Additional physician or pharmacy time needed?	None

Benefits

- Shorter recovery time
- No IV or additional equipment needed
- Patient or nurse-controlled
- Greater patient satisfaction
- Use for PONV or PDNV
- Time reduced due to drug interactions or dose monitoring
- Easy to self-administer

Features

- Drug-free
- Prescription-free
- Non-habit-forming
- Rapid onset
- Low-risk
- Pleasant aroma
- Non-drowsy
- Safe for all ages
- Twist-to-open cap
- Internal wick system
- No leaks or spills



Product Highlight: QueaseEASE for Nausea



QueaseEASE QuickTAB Disposable Tab

Best for: PACU recovery or hospital stay

Lasts: Up to 72 hours once opened (two weeks with QuickClip or similar mechanism to close between uses)

Availability: 30-unit packs.

Instructions: Peel foil and place under patient's airway. Allow patient to inhale. Use when and as often as needed, until nausea subsides.



QueaseEASE Clippy Clip-On

Best for: hands-free use in PACU recovery, hospital stay

Lasts: 3 weeks once opened

Availability: 20-unit packs.

Instructions: Peel sticker and place under airway of patient. Allow patient to inhale. Fasten to clothing or equipment for hands-free use.



QueaseEASE Aromatic Inhaler

Best for: Both in-hospital and post-discharge everyday use

Lasts: Up to 6 months once opened (if closed between uses)

Availability: 24-unit packs.

Instructions: Twist cap gently to open and place under airway of patient. Allow patient to inhale. Use when and as often as needed, until nausea subsides.

About Soothing Scents

Soothing Scents is a modern medical supply company dedicated to providing nurses with integrative care interventions to help manage distress and discomfort at every stage of your patient's hospital experience.

We do this by combining innovative inhaler delivery systems with advanced evidence-based aromatherapy formulas, developed in accordance with the highest hospital safety standards.

We're also leading best practice guidelines for essential oil use in the clinical setting, ensuring a safe, fast and effective intervention system to enhance the recovery process – from hospital to home.

Resources

Book an in-service:
info@soothing-scents.com

Request a facility sample kit:
soothing-scents.com/medical-order-information/

Conduct your own study:
soothing-scents.com/research/

Enroll in our free nurse training:
programs.soothing-scents.com



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