East Sussex Hospitals **NHS**

NHS Trust

Policy for the use of aromatherapy

This aim of this policy is to ensure the safe use of aromatherapy for patients of East Sussex NHS Trust .

Written By:	Signature:	Title/Directorate	Date:
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Responsible Person or Group	Nursing Policy and Practice Group

Multi-disciplinary Evaluation/Approval

Name	Title/Speciality	Date:
Rosie Thwaites	Principal Pharmacist	14.8.03

Ratification Group

Issue Number	Date of Issue	Review Date	Date Ratified	Medical Director/Chief Nurse or Directorate/Department Signature

1. Definition

Aromatherapy is a truly holistic therapy which uses essential oils in treatments to strive for physical, mental and spiritual health equilibrium (Brown, 1993).

2. Patient Group Included in this Document

All patients of East Sussex NHS Trust (Eastbourne) may be considered for aromatherapy however it is particularly indicated for patients who have:
- emotional distress
- limited or no benefit from orthodox medicine

3. Education

The practitioner will be a registered nurse/midwife, chartered physiotherapist or registered occupational therapist, who has undertaken a recognised training course to ITEC (International Therapies Examination Council), ISPA (International Society of Professional Aromatherapists), IFA (International Federation of Aromatherapy) Diploma standard or IFBA (International Federation of Professional Aromatherapists).

4. Authorisation

The practitioner must have been given authorisation to practise aromatherapy by his/her manager, who will ensure that the practitioner has accepted personal accountability for having achieved an appropriate level of knowledge and skill. This will be documented in the personal file.

5. Practice

5.1 Consent

The patient must give informed consent for the practitioner to practise aromatherapy and this will be documented in the clinical notes.

5.2 Consultation

The practitioner may only practice aromatherapy on an individual patient in consultation with the Consultant / Registrar responsible for the patients' care. Other relevant allied healthcare professionals will be informed.

5.3 Treatment order

a) The practitioner will order essential oils on the prescription and administration sheet.

b) Use of essential oils will be recorded on the patient's record of administration.

5.4 Provision of Essential Oils

(a) These will be obtained from the Pharmacy Department to the following purchasing specification:

Latin name specified

Certificate of analysis to be available

Country of origin specified

Method of extraction specified

Organic production of oil preferred but not essential

Amber glass container

Air tight container

Clear labelling to include Latin Name, Batch Number, Expiry Date or Date of Preparation, Manufacturer's Name and Address, Volume.

(b)   The following formulary of oils, only, will be ordered on request:

BOTANICAL NAME	NAME	CONTRAINDICATIONS
i) piper nigrum	black pepper	none
ii) anthemis nobilis	roman chamomile	none
iii) eucalyptus globulus	eucalyptus	not to be used for children aged 3 or under (Boots,1997)
iv) boswellia carteri	frankincense	none
v) pelargonium graveolens	geranium	none
vi) zinigber officinalis	ginger	use in a low dilution for sensitive skin (Price & Price, 1995)
vii) lavandula augustifolia	lavender	do not use in pregnancy (Trevelyan & Booth, 1994)
viii) citrus limonum	lemon	avoid exposure to sunlight for one hour after skin application (Price & Price,1995)
ix) citrus reticulata	mandarin	avoid exposure to sunlight for one hour after skin application (Price & Price,1995)
x) origanum marjorana	marjoram	do not use in pregnancy (Trevelyan & Booth, 1994, Price & Price,1995)
xi) citrus aurantium	neroli	none
xii) mentha piperita	peppermint	do not use in children aged 5or under (Price & Price, 1995, Boots, 1997) do not use when breast-feeding as it inhibits lactation (Price & Price, 1995) caution with sensitive skin (Price & Price, 1995) do not use in pregnancy (Price & Price, 1995, Boots, 1997)
xiii) rosa damascena	rose (otto)	do not use in pregnancy (Price & Price, 1995)
xiv) rosemarinus officinalis	rosemary	do not use in pregnancy (Price & Price, 1995 , Trevelyan & Booth, 1994), do not use in epilepsy (Price & Price, 1995) do not use in hypertension (Trevelyan & Booth, 1994)
xv) melaleuca alternifolia	tea tree	none

Carrier oil: sweet almond oil

5.6 Documentation

The practitioner will document the use of aromatherapy within the patient's medical notes.

5.7 Clinical Aromatherapy Treatment

(a) A trained aromatherapist will carry out the administration of essential oils by massage.

(b) Administration of essential oils in a bath, compress, hand/foot soak or by a diffuser will be carried out following instruction by a trained aromatherapist.

(c) Inhalation of essential oils from a diffuser will be in a single room with an opening window to allow ventilation if necessary.

6. Service Provision

Arrangements for the involvement of the practitioner in aromatherapy is subject to the availability of time and the needs of the service.

References

Boots. 1997. Aromatherapy booklet
Brown D. 1993. *Aromatherapy.* London: Hodder & Stoughton
Price S and Price L. 1995. *Aromatherapy for health professionals.* London: Churchill Livingstone.
Trevelyan J and Booth B. 1994. *Complementary medicine for nurses, midwives and health visitors.* Macmillan.

Bibliography

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