I. Purpose

To describe the nursing procedure and responsibility in providing integrative healthcare modalities to patients and staff.

II. Definitions

III. Policy- Guideline Statements

A. RNs may use Integrative Healthcare Modalities (IHM) when caring for patients.
B. IHM requiring training before use include aromatherapy, guided imagery, and progressive relaxation.
C. Energy Therapies for example: Reiki, Healing Touch and therapeutic touch require formal education. RNs must successfully complete educational program in these modalities prior to using them with patients.
D. RNs will discuss the role of IHM therapy, its intended use, and whether the patient wants the therapy with the patient prior to implementing it.
E. RNs will evaluate and document the patient’s response to the therapy
F. For aromatherapy or other therapies requiring lotion or oils:
   a. Verify that patient has no allergies to product.
   b. Lotions used must be approved by infection control and for sensitive skin.
   c. Only approved essential oils listed may be used and must be ordered by the Nurse Manager or designee from an approved vendor.
   d. Oils are for indirect inhalation only using a non-sterile gauze, or a cotton ball and are not to be applied directly to the skin. Do not take multi-dose vial box into a patient room. Refer to Safety Data Sheet (SDS) available for each oil on the SDS Online site.
   e. Oils are dated upon receipt and can be used for up to 2 years from the received date.
   f. Clinical aromatherapy does not require a written Physician/NP/PA order.
   g. Obtain verbal consent from the patient or family member (if patient is unable to give consent) prior to treatment. Verbal consent must be documented in the EMR in AD HOC nursing note.
   h. All essential oils will remain in their original bottle/box and kept in a cool, dark place designated specifically for the storage of these oils, e.g., medication room.
i. The RN will assess the patient for specific essential oil to use, based on the nursing diagnosis, indication and patient preference. The RN will assess environment for need for general air freshening. Use 1-5 drops of one of the essential oils listed below, for specific conditions:
   1. Lavender – Pain, Anxiety/Stress reduction/altered level of comfort/restlessness/sleeplessness
   2. Peppermint – Pain, Nausea/Vomiting
   3. Orange- enhances relaxation, lifts mood.
   4. Lemon – increases alertness and focus.

SUPPORTIVE EVIDENCE- BASED DATA:

- Integrative Healthcare Modalities (IHM) are a broad set of health care practices, therapies and modalities that address the whole person - body, mind, emotion, spirit and environment.
- IHM focuses on more than symptoms.
- IHM may be used as complements to conventional Western medical, surgical and pharmacological treatments. (Dossey and Keegan, 2012)

EQUIPMENT:

- Hospital-approved sensitive-skin body lotion, as needed for massage
- Hospital-approved Essential oils as needed for indirect inhalation aromatherapy
- Cotton balls, or sterile gauze to dispense aromatherapy oils
- Music therapy/imagery DVD and/or MP3 player
- Care Channel
- Patient education materials
- Unit Based Aromatherapy Diffuser Pod
  - Unit is responsible for care and maintenance.
  - Maximum use is 4 hours at one time.
  - Clean per manufactures instructions
  - Daily- clean tank and mist chip and
  - Daily -change the water
  - Use tap/spring water – DO NOT USE distilled water

NURSING ASSESSMENT AND CARE:

1. Assess patient need for and interest in IHM.
2. If patient would like to proceed with IHM:
   a) Explain specifics of treatment modality.
   b) Evaluate patient for any contraindications to treatment.
   c) Discuss possible side effects encountered during treatment.
3. Assess patient before, during and after treatment for change/improvement in symptoms.

PATIENT AND FAMILY EDUCATION:

1. Assess patient and family knowledge and readiness to learn.
2. Using teach-back, instruct patient and family on the use of IHM.
DOCUMENTATION:

1. Document in the EMR:
   a. Indication for IHM
   b. Assessment of patient and family knowledge and readiness to learn.
   c. Education provided to patient and family regarding therapy being used
   d. Verbal consent for procedure
   e. Type of IHM utilized
   f. Patient response to therapy

IV. Procedure

RELAXATION BREATHING, BREATH WORK, GUIDED IMAGERY AND DISTRACTION:

1. Different types of relaxation exercises can be used with patients, e.g., guided imagery, muscle relaxation, deep breathing exercises or self-massage.
2. It is recommended that these exercises be done in a quiet area, such as an individual patient room or in a lounge.
3. Relaxation exercises can be used with one patient or with a group of patients.
4. Explain to the patient that these techniques are often used in conjunction with other medical treatments and that practicing these relaxation techniques on a regular basis makes them more effective.
5. These techniques have been shown to help with:
   a) Anxiety/Fear
   b) Feeling over-stimulated/overwhelmed
   c) Sensory integration problems
   d) Physical pain
   e) Elevated blood pressure
   f) Calming oneself
6. Each session may include the following:
   a) Patient/family education about the practice that includes individual or group objectives, benefits, instructions and expectations.
   b) Engaging in the exercise with supervision after watching a demonstration by staff or via video.
   c) Processing the experience by asking individual patients or group members what they experienced and how to apply to daily life.
7. Allow approximately 10-15 minutes for each section.

MEDITATION:

1. If holding a meditation group or doing meditation training with an individual patient, assess patient ability: meditation training is for patients who are able to focus for 5-to-15 minute periods of time with limited distraction.
2. Meditation groups:
   a. The group should be optional
   b. The session should last approximately 20-50 minutes and include meditation practice and discussion/feedback.
3. Meditation (individual or group):
   a. Invite patients to focus their attention on emptying the stream of crowded thoughts in the mind; this process can produce a deep state of relaxation
   b. Note the benefits of meditation:
      1. Gaining new perspectives on stressful situations
      2. Building skills to manage stress
      3. Increasing self-awareness
      4. Focusing on the present
      5. Reducing negative emotions
   6. The symptoms meditation may target include:
      A) Anxiety
      B) Fear
      C) Feeling over-stimulated or overwhelmed
      D) Hypomania
      E) Sensory integration problems
      F) Feeling out of control
      G) Physical pain
      H) High blood pressure

4. For the session, the meditation leader can state the following to participant(s):
   a. You may meditate with eyes closed or open.
   b. You may focus on your breathing, noticing each inhale or exhale.
   c. You may count your breaths.
   d. Or you may focus on an image, such as a log floating down a stream.

5. If your mind wanders, gently bring your attention back to the present moment, back to your chosen image, your breathing, or counting.

6. If you feel uncomfortable, you may shift your position, and then gently bring your attention back.

7. After the meditation exercise and discussion:
   a. Ask for feedback.
   b. Give encouragement and positive feedback.
   c. Identify how to further use meditation in daily life.

AROMATHERAPY:

1. The RN assesses the patient for the nursing diagnoses listed above.
2. Before use:
   a. The RN obtains patient history, including preference to the scent
   b. The RN assesses for patient allergy, food or drug interaction
3. Essential oils should be stored in a cool, dark place and kept in original manufacturer’s bottle.
4. Explain the procedure and obtain verbal consent.
5. Select the essential oil based on the condition to treat and patient preference.
6. Evaluate the patient’s response after application and document treatment and response in the EMR.

LABYRINTHS:
A labyrinth has one way into the center and the same way out. Symbolically, the labyrinth is a tool for emptying one’s concerns or asking for an intention as one nears the center, and then moves back out. See the seven-circuit labyrinth below that you can use with patients as a finger exercise. Encourage the patient to walk the labyrinth (trace it with finger), in silence. He/she should enter the labyrinth with a thought or concern that is brought into the center; or exit the labyrinth with what he/she hopes to receive, or a feeling or movement toward a decision.

**DESKTOP FINGER LABYRINTH**

He spiraling path of the labyrinth teaches us to slow down and refocus as we become more centered and balanced (www.labyrinthlocator.com)

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**Finger Labyrinth**

*Keep this labyrinth on your desk. When you are stressed and need to relax, use your finger to slowly trace the path into the center and then out to the entrance. The spiraling path of the labyrinth teaches us to slow down and refocus as we become more centered and balanced.*

**MUSIC THERAPY:**

1. Music therapy is a process in which the nurse uses music to help patients to relax, relieve anxiety, decrease restlessness and assist with meditation.
2. Music therapy can be used with patients of any age.
3. Music therapy can be used for patients prior to undergoing surgical procedures, and for patients with psychiatric disorders and/or medical problems.
4. In music therapy, the focus can be on the various aspects of the music, with the intent of assisting the patient with relaxation, meditation and imaging.
5. The types of music used for the therapy are per the patient’s preference and may include jazz, pop, country, spiritual/religious, rock and others.

PROCEDURE:

1. The RN assesses the patient for the nursing diagnoses listed above
2. Before use:
   a) The RN obtains patient history, including preference for music
3. Explain the procedure and obtain verbal consent
4. Select the music based on patient preference
   a) Evaluate the patient’s response and document treatment and response in the EMR

V. Related Policies
   a. Pain Management

VI. Regulation/Standards

VI. References


