

The background features a teal-to-blue gradient with faint, semi-transparent circular patterns and a scale on the left side. The scale has markings from 140 to 260 in increments of 10. The main text is centered on the right side of the image.

DALLAS AORN MEMBERSHIP MEETING

MARCH 8TH 2022, 6 PM – 8 PM

CELEBRATION & RECOGNITIONS




OLD BUISNESS

Minutes

- January meeting minutes:
 - Members of the leadership council have read and approved the minutes
 - Minutes are available on the Dallas AORN Website for review
 - November minutes will be posted ASAP as well

Treasurers Report

DALLAS AORN MARCH 5 TH TREASURER'S REPORT	
Bank Accounts	
BoA 4880 9957 1434	15,751.23
Capital One 360 Savings	26,544.83
Wells Fargo Checking	0.00
Wells Fargo Savings	0.00
TOTAL Bank Accounts	42,296.06
Transaction Details	
INCOME	
Interest Income	\$ 15.59
Membership Dues	\$ 3,744.00
Transfer checking	\$10,218.88
Transfer saving	\$ 1,276.47
TOTAL INCOME	\$15,254.94
EXPENSES	
Bank Charge	\$ 32.00
Christmas Family (match)	\$ 450.00
Communication	\$ 159.79
Education	\$ 300.00
Meetings:Catering	\$ 829.51
Monthly Admin	\$ 450.00
Logo Project	\$ 309.00
Website:WebHosting	\$ 233.82
	\$ 2,764.12





PROJECT EXPENSE NOTIFICATION FORM

Project	Instructions
Project Description	
Project Manager (PM)	<i>Member responsible / contact person</i>
Budget Request	<i>How much does the PM think the project will cost - be specific about components if the project is comprised of bits and pieces</i>
Payment Date	<i>When is the money due to the vendor - date or criteria for payment</i>
Vendor Name	
Vendor Contact	
Address	
Phone	
Email	
Website	
PM Notes	
Treasurer's Notes	

Terri submitted a new form to manage expenditures for projects. The form supports an improvement in the manner in which projects are managed. Intended expenditures are identified prior to monies being spent. The form is submitted prior to expenditure of funds, in time for the project to be reviewed by leadership, and the funds are paid directly to the vendor by the Treasurer. This process establishes tighter control of the chapter Treasury and provides an opportunity for leadership input before funds are expended. There was no opposition to implementing this process and the form will be made available online both for electronic submission and downloading

NOMINATING COMMITTEE

- Four nominations for President
 - Two declines thus far
 - Nominations are open for this office
- One nomination for nominating committee
 - Need two more people for this committee

EDUCATION COMMITTEE

JD, TERRI, JORDAN, CAVELLE, SHERAH

- March- Parkland Nurse Led research presentation from several surgical units
- For March meeting there will be no CE's attached to the presentation; however, there are links to enduring educational material libraries on our website (DallasAORN.org) under the EDUCATION tab.
- The presentation on Uterine Transplant will be at the next membership meeting on May 10th. We are excited to hear about this extraordinary program at Baylor Hospital
- We will also hear from our AORN Global Surgical Conference and Expo delegates as they will present their experiences from the conference.

JOURNAL CLUB

KAREN, KRISTEN, SHERAH, & CAVELLE

- Because of the pandemic and nursing shortages affecting us all, this project is placed on hold temporarily, but we will start this when our clinical environment is less challenging.

COMMUNICATION COMMITTEE

JD, TERRI, KRISTEN, JORDAN, JOSLIN

- Social media: Kristen and Jordan or working on getting this gong
 - Facebook
 - Instagram
- Blog Update
 - JD will have blog ready to post before he leaves for the AORN conference. It will be sent to Terri to post on our website.
- Meeting management: Website content will be assessed, and the calendar will be updated with all scheduled meeting and times.

VENDOR FAIR JOSLIN

- Joslin is hard at work on getting this project underway.
- If you are interested in working with Joslin on this project, please let us know.
- We are looking to host this event in October 2022
- The leadership council has voted to be a live event only and if that is not possible, we will postpone this event another year.

NEW DALLAS AORN DESIGN/LOGO

- A new Dallas AORN logo was presented to the chapter leadership with much applause.
- Jordan has done an outstanding job on this project! Thank you so much Jordan
- The motivation for seeking a new chapter design is to establish an online store for chapter branded items.
- Membership will be asked to cast an online vote this week to approve the new logo.
- Go to Presentation



AORN GLOBAL SURGICAL CONFERENCE AND EXPO

- Who all is going: JD, Joslin, Beverly, Claire
- Delegate expectations
 - Vote
 - Attend congress
 - Attend business meetings
 - Present in May

PARKLAND NURSE-LED RESEARCH PROJECTS

- Three nurse-led research projects were completed at Parkland hospital in 2021-22.
- This was the first nurse-led research done at Parkland and the University-Hospital Collaboration grant was also a first for the hospital.
- Tonight we are proud to present the outcomes of these project with you all.

THE EFFECTIVENESS OF AROMATHERAPY IN AN URBAN-BASED, SAFETY-NET HOSPITAL ON PAIN AND ANXIETY

J.D. Buchert, MSN, M.ED, MS, RN, Alina Ruiz RN, Jennifer Alcorn RN, Suja Thomas RN, June Van Hoose, RN CNOR, Rebecca Coffey PHD MSN APPRN RN

Background

- Pain management in burn patients is a multi-modal complex phenomenon relying on a multi-modal approach
- Essential oils use for symptom management for pain, anxiety, nausea and insomnia are gaining popularity
- The Joint Commission mandates that hospitals offer non-pharmacological solutions to reduce pain
- Aromatherapy has evolved as a simple, repeatable, low-cost intervention

Aim

- The purpose of this project was to evaluate the effectiveness of aromatherapy as an alternative and/or complement treatment for pain and anxiety in the acute care setting at Parkland Health and Hospital System.
- Secondary aim was to evaluate the use of aromatherapy in the adult burn inpatient for treatment of pain and anxiety.

Methods

- All adult burn patients admitted to one large verified burns center were included to evaluate the impact of aromatherapy on the administration of pain and anxiety medications (PANX)
- Descriptive statistics and t test for comparison were used

Methods

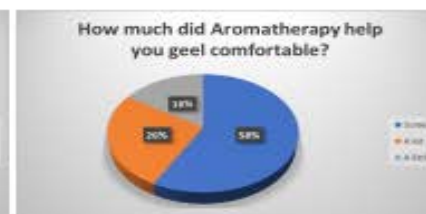
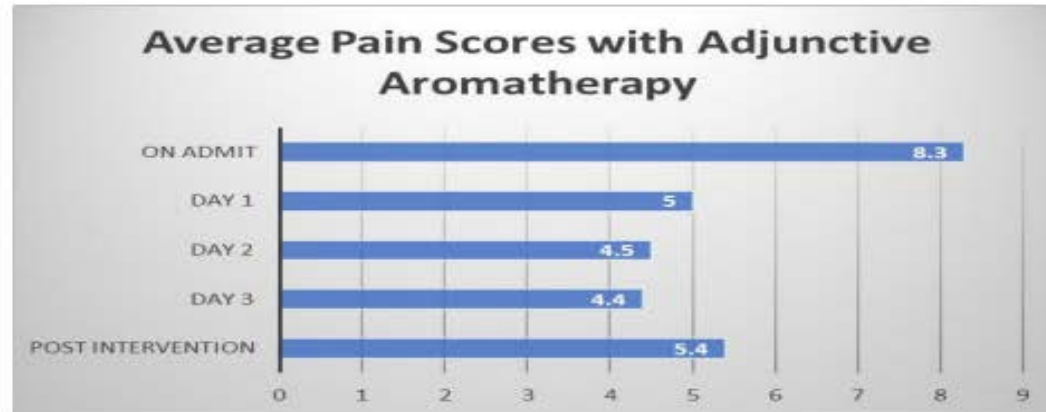
- Once informed consent was obtained a Lavender Sandalwood scented aromatherapy patch placed on patient gown
- Sticker was replaced every 12 hours for 3 days
- Demographic, survey data and pain scores were collected for each patient.



Results

22 patients enrolled 2 withdrew 1 for no log completion and 1 for headaches with scent

Variable	Results
Demographics	
Age (mean)	45
Gender Male	59%
TBSA (mean)	8%
Pain Scores pre and post (n=20)	t = 2.904 (CI -4.85, -0.81) p=0.0082



Conclusions

- The use of aromatherapy as an adjunct for pain and anxiety control in the burn patient may be beneficial
- Added benefit of aromatherapy was the improvement of sleep

Next Steps

- Reproduction of the study using a larger sample size and including the pediatric population
- Study of aromatherapy and sleep in the burn patient

Acknowledgment

The authors are thankful to nurses who acted as research assistants and to West Coast University for their opportunity in funding this Hospital-University Collaboration Project.

No Disclosures



PATIENTS ON PAIN AND ANXIETY

J.D. Buchert, MSN, M.Ed., MS, RN, June Van Hoose RN, CNOR, Reesie Schwalls BSN, RN, CCRN-K, Shasha Niederhaus, BSN, ONC, My Nguyen, BSN, RN, ONC, Lauren Wilson BSN, RN, ONC, Sara Wood BSN, RN, ONC, Michelle Burkhardt BSN, RN, ONC, Summer Chafin BSN, RN, ONC, Isamar Roman BSN, RN, ONC, Johnny Horvath BSN, RN, ONC, Kalena Sweda BSN, RN, ONC, Hannah Schumacher-Renner BSN, RN, ONC, Marvellous Ukuku BSN, RN, ONC, Mikaela Maeker BSN, RN, ONC, Bethany McElhany BSN, RN, ONC, Laura Broussard BSN, RN, ONC, Sherin Abraham BSN, RN, ONC, Patricia Beville BSN, RN, ONC, Mireya Perez-Rodriguez, BSN, RN, ONC, Lizbeth Deadman BSN, RN, ONC, Taylor Felty BSN, RN, ONC, Deepa Matthew BSN, RN, ONC.

Background

- Opioids are fraught with considerable side effects with a high risk for addiction.
- The Joint Commission has mandated hospital to offer non-pharmacological solutions to reducing pain.
- Aromatherapy has evolved as a simple, repeatable, low-cost intervention.
- Essential oils use the symptom management for pain, anxiety, nausea and insomnia is gaining popularity.

Aim

- The purpose of this project was to evaluate the effectiveness of aromatherapy as an alternative and/or complement treatment for pain and anxiety in the acute care setting at Parkland Health and Hospital System.
- Secondary aim was to evaluate the use of aromatherapy in the adult burn inpatient for treatment of pain and anxiety.

Methods

- Post-Operative orthopedic patients admitted to the floor were included to evaluate the impact of aromatherapy as an adjuvant/compliment on pain and anxiety medication.
- Descriptive statistics and t test for comparison were used.

Methods

- Once informed consent was obtained, a Lavender Sandalwood scented aromatherapy patch was placed on the patient gown.



- The patch was replaced every 12 hours for 3 days.
- Demographic, survey data and pain scores were collected for each patient.

Results

- 101 patients enrolled, 15 did not meet pain score criteria, 8 did not have surgery, 3 withdrew, 2 outside time criteria, 1 history of asthma, 1 required higher level of care.
- Male patients made up 53% of study patients, Female 46%, Transgender 1%.
- Average mean age was 50 years of age.



Conclusions

- The use of aromatherapy as an adjunct for pain and anxiety control in the orthopedic patient may be beneficial.
- Added benefit of aromatherapy was the improvement of sleep.
- Another benefit suggested that the patients were more pleasant to staff.



Next Steps

- Recommendation to hospital leadership to implement aromatherapy opportunities for the reduction of pain and anxiety of orthopedic patients.
- Study of aromatherapy and sleep in the orthopedic patient.
- Document the use of aromatherapy in the EPIC system to maintain a record of use and outcomes.

Acknowledgment

- The authors are thankful to nurses who acted as research assistants and to West Coast University for their opportunity in funding this Hospital-University Collaboration Project.

THE USE OF ORANGE-PEPPERMINT AROMATHERAPY ON POST-OPERATIVE/POST-PROCEDURAL NAUSEA AND VOMITING IN AN URBAN, SAFETY-NET COUNTY HOSPITAL

J.D. Buchert MSN, M.Ed., MS, RN, Jodi Davis RN, Nikki Schwalls, BSN, RN, CCRN-K, Parnaz Baghini BSN, RN, Arielle Montes BSN, RN, Luan Cahill BSN, RN, Adam Golden MBA, BSN, RN, Debra Rivera, BSN, RN, Monica Padilla, BSN, RN, Karen Cordova, BSN, RN, Michele Garcia BSN, RN, Mark Platter BSN, RN, Elizabeth Ramos BSN, RN, Jill Black, BSN, RN, Bunthavy Te MSN, RN, April Sipes RN, Mark Adams, BSN, RN, Ana Lizza Cruz, BSN, RN, Mary George BSN, RN, June Kim, BSN, RN, Linh Nguyen, BSN, RN, Lauren Stephenson, BSN, RN, Camarin Young BSN, RN, Cho Jae BSN, RN, Leah Nolan, BSN, RN

Background

- Post-procedural or post-operative (PONV/PPNV) nausea and vomiting is one of the most common surgical or procedural complications.
- Can lead to potential secondary complications such as wound dehiscence, electrolyte abnormalities, and aspiration pneumonia.
- PONV/PPNV can increase the PACU stay significantly.
- PONV/PPNV occurs in 30% of inpatients and up to 80% of high-risk patients within the first 24 hours.
- Aromatherapy is an easy, low-cost treatment opportunity for the PACU setting.
- Aromatherapy has become an easy, repeatable, low-cost solution with observed results in reducing nausea/vomiting and improve patient satisfaction.

Aim

This project aims to determine if aromatherapy decreases PONV/PPNV in patients recovering in PACU from light and general anesthesia.

Methods

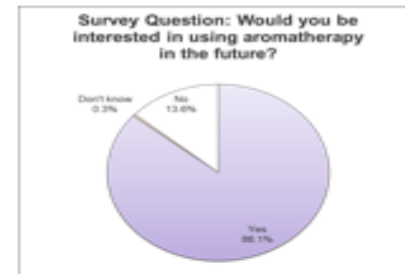
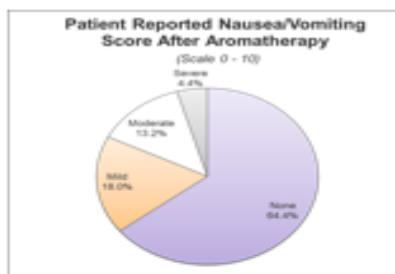
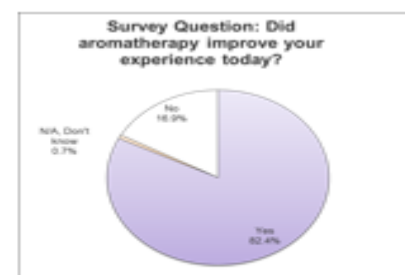
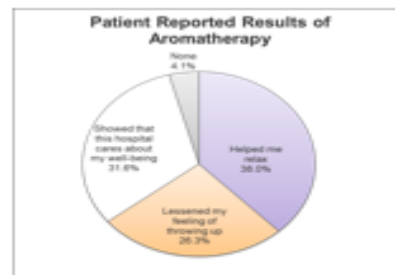
- This study will follow the patient population for up to 6 hours post procedure recovery in PACU.
- Informed consent was obtained in pre-procedural holding area.
- Aromatherapy sticker is placed on the patient gown upon arrival to the PACU.

Results

- 336 patients enrolled, 8 bypassed PACU and went directly to the ICU setting, 4 patient refused, 4 disqualified, 1 left AMA, 2 patch was not placed in PACU, 1 case cancelled
- 246 patients from Main OR, 30 patient from ASC, 40 Patients from GI Lab.
- 38 patients received light sedation/monitored under anesthesia cases
- 278 received general sedation.
- Average mean age was 48.
- Females made up 62.7%, Males made up 36.9, and transgender made up 0.3%.
- 22% of all patients in the project required a second dose of antiemetic in PACU; however, none were patients under light sedation.
- 86.4% of patients in the study received general anesthesia, where 13.6% received light or monitored anesthesia care.

Next Steps

- Recommendation to perioperative division leadership to implement aromatherapy opportunities for the reduction of nausea and vomiting of post-procedural and post-operative patients.
- Build aromatherapy into electronic medical record (EPIC) to establish a record of use for data of patient outcomes.
- Further study for light anesthesia patient population warranted.



Conclusions

- The use of aromatherapy as an adjunct for nausea and vomiting control may be beneficial.
- Added benefits of aromatherapy was higher patient satisfaction.

References

The authors are thankful to nurses who acted as research assistants and to West Coast University for their opportunity in funding this Hospital-University Collaboration Project.

