Scents of Memories: Exploring the Therapeutic Benefits of Aromatherapy for Dementia Care
Josh Shackelford – Oak Park Place, Madison
Customer Service Leadership Project

Introduction
Dementia affects the brain’s ability to process information, plan movements, and properly navigate the environment around them. People living with dementia often experience difficulties with mobility, coordination, balance, and other physical limitations like vision and touch that can lead to an increased risk of falls. Having a high number of falls can negative impact on:
- Rehospitalization and Reimbursement rates
- Overall quality of care
- Negative view in the Public Eye

This project aims to decrease falls and agitation by using lavender scented aromatherapy.

Knowledge of Task:
Before starting this project, I was aware that this would not be a practice used for a high number of residents. I am aware that aromatherapy is not a proven cure for falling/agitation, however it was hoped that it could delay behaviors in time for a resident to receive the care they need.

Innovative
People living with dementia have difficulties navigating the environment around them. This can result in behaviors like agitation, and anxiety, which in a memory care setting can become exponentially increased during certain situations. Aromatherapy (especially oils like lavender) can give stimulation to the olfactory system, which connects to the limbic system. The limbic system is in the brain and its use deals with the control of emotion and behavioral responses. By stimulating these systems through aromatherapy (which was not a prior intervention at my facility) it can have an impact on:
- Overall mood
- Relaxation
- Adverse behaviors

Results
In total, I was able to introduce lavender aromatherapy to a total of four residents. Two of these residents are long term and have had a history of falling prior and during this project. Two other residents were introduced to aromatherapy after experiencing a high number of falls in their short stay.

**History of Resident 1**
First fall: July 28th
Typical Fall Times: 3-4am
Reason: Wanting to get up for the day
Behaviors: Yes
Note: R1 sustained a self-inflicted injury on 1/17 followed by 5 falls in 13 days

**History of Resident 2**
First Fall: December 4th
Typical Fall Times: 9-10pm
Reason: Wanting to go to get up during the night
Behaviors: No

Methodology

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<tr>
<th>Step 1</th>
<th>Propose aromatherapy if other interventions are unsuccessful</th>
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<tr>
<td>Step 2</td>
<td>Contact Family, Physician, and DON for consent</td>
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<td>Step 3</td>
<td>Review resident’s high times and pattern aromatherapy accordingly</td>
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<td>Step 4</td>
<td>Care Plan aromatherapy for resident’s high times using the task bar in PCC</td>
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<td>Step 5</td>
<td>Review weekly documentation of “# of lavender sprays”</td>
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<td>Step 6</td>
<td>Complete follow-up with staff, and family for changes of condition</td>
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**Conclusion**
Overall, this project was a success, and a large one at that. In total there was a 72% decrease in the number of falls per day for Residents 1&2. I do not believe this is not the sole purpose for the significant decrease in the number of falls, but I feel it played a part by promoting a relaxation effect which in return can reduce the risk for a fall. In conclusion, the risk of a fall is not eliminated with the introduction, but it functions as a complementary intervention to prevent or delay falls.

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