



## STANDING OPERATING PROCEDURE

<b>Subject</b>	<b>Complementary Therapy SOP007</b>
<b>Applicable to</b>	All staff and volunteers working with Nottinghamshire Hospice
<b>Date issued</b>	10 Jan 2023
<b>Next review date</b>	10 Jan 2026
<b>Lead responsible for Policy</b>	Director of Care
<b>Policy Reviewed by</b>	Palliative Care Lead/Complementary Therapy Coordinator
<b>Notified to</b>	Quality and Safety Group 10 Jan 2023
<b>Authorised by</b>	Quality and Safety Group 10 Jan 2023
<b>CQC Standard</b>	All
<b>Links to other Policies/Procedures</b>	Complementary Policy CS010 Consent Policy CS009 Reporting of Incidents and Accident Policy OP002 Safe Sharps and Blood Born Virus Policy CS021
<b>Summary</b>	This Standard Operating Procedure provides staff with a set of instructions for how to carry out complementary therapy procedures and the main contraindications to be aware of.
<b>Target Audience</b>	All staff and volunteers involved in the delivery of Complementary Therapies in Nottinghamshire Hospice

**IMPORTANT NOTICE:** Staff should always refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date information. If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

1.	<p><b>Aim</b></p> <p>The aim of complementary therapies is to provide a clinical treatment which will improve a person's symptoms and enhance their emotional wellbeing allowing them to feel better supported and enabled during their last months or weeks of life.</p>
2.	<p><b>Principles</b></p> <p>Nottinghamshire Hospice provides patients and service users with therapeutic interventions which fall under the title of 'Complementary Therapy'.</p> <p>The complementary therapy service refers to a massage-based service with or without aromatherapy.</p>
3.	<p><b>Purpose</b></p> <p>The purpose of complementary therapies within palliative care is to promote wellbeing including the relief of symptoms such as pain, discomfort and/or emotional distress that patients may be feeling associated with their diagnosis.</p>
4.	<p><b>Assessment</b></p> <p>The assessment should include:</p> <ul style="list-style-type: none"> <li>• the aim of the treatment</li> <li>• what the treatment involves</li> <li>• where it will be delivered</li> <li>• how it will be delivered (frequency and duration)</li> <li>• the potential benefits</li> <li>• the evidence base</li> <li>• the likelihood of success,</li> <li>• possible risks or side effects,</li> <li>• contraindications</li> <li>• any aftercare arrangements</li> <li>• allergies</li> </ul>

<p>5.</p>	<p><b>Referral Criteria</b></p> <p>Patients must be 18+.</p> <p>Patients will be registered with a Nottingham or Nottinghamshire GP.</p> <p>Patients should be identified with a palliative diagnosis and likely to be within the last year of life, identified by the Gold Standards Framework and have an up-to-date EPaCCs record on SystmOne. Patients with a palliative diagnosis who are outside of this criteria may be assessed by the Director of Care as suitable to access the service in a bespoke way where there is an identified need.</p> <p>All palliative referrals are entered by the coordination hub as a referral on SystmOne and discussed at case conference prior to assessment.</p> <p>Hospice staff can refer and referrals can also be made by external health care professionals, social care professionals' patients and their family. Patients must consent to the referral, or a best interest decision must be documented.</p> <p>Onward referrals will be made by the therapist to community nurses or GPs via SystmOne if any new clinical needs are identified during the session.</p> <p><b>Carers</b></p> <p>Carers referred by the above groups will be registered on lizuka database prior to commencing treatment. The initial referral is taken and managed by a paper form (<b>Appendix 1</b>).</p> <p>There is a limited provision available for carers with emphasis on treatment that may help prevent the breakdown of the caring role.</p>
<p>6.</p>	<p><b>Treatment Programme</b></p> <p>The therapist and the patient will agree the treatment programme in order to achieve the users' desired outcome. This may be a single treatment or a course of treatments. This plan will be reviewed regularly to consider changes in the patient's attendance, condition or priorities.</p> <p>The therapist will explain the content of the programme and record the patients verbal consent, checking their ongoing consent throughout the treatment/s.</p>

	<p>Palliative patients are offered a schedule of up to 12 treatments and carers up to 6 treatments. Any extension to these schedules will be discussed in the weekly case conference meetings.</p>
7.	<p><b>Discharge</b></p> <p>Patients will receive a standard course of 6-12 treatments and a new referral is needed if further treatment is required.</p> <p>If a second referral is received this must be discussed at case conference to ensure availability and that therapy services are equitable in terms of access for all hospice users.</p> <p>Discharge from the Complementary Therapy service will be accompanied with a discussion and signposting to other hospice services as appropriate.</p>
8.	<p><b>Record Keeping</b></p> <p>All treatment notes will be recorded on SystemOne on the day of the treatment.</p> <p>Case conference records will be held by the Hospice.</p> <p>All assessments, treatments, discussions and ongoing consent will be recorded in the patient's case notes on SystemOne. Any member of the clinical team can record relevant facts or reports from patients.</p> <p>Carers will have their demographics and treatment notes documented on lizuka database.</p>
9.	<p><b>Evaluation of Service</b></p> <p>A baseline IPOS questionnaire (<b>Appendix 9</b>) will be completed by the patient before treatment commences and reviewed after 6 sessions to assess effectiveness of treatment. A final IPOS questionnaire will be conducted at 12 weeks on completion of the course of treatment.</p> <p>Evaluation and feedback will be ongoing throughout treatment by the therapist.</p>

	Quantitative measures will be used throughout to evaluate the service as a whole and qualitative case studies to be included in annual reports.
10.	<b>Contraindications</b> Contained within <b>Appendices 2-8</b> detailed below are the known contraindications for the specific complementary therapies. These are not exhaustive and can be considered when determining the right treatment for people using the service.  Every Complementary Therapist holds responsibility and accountability to make themselves sufficiently aware of clinical problems which patients may present with so they can make a judgement when it is not safe to treat.



**Referral Form - Complementary Therapy Service**  
**Carer/Family**

Please complete in BLOCK CAPITAL letters

MR/MRS/MISS/MS .....

ADDRESS .....

TELEPHONE NO .....

DATE OF BIRTH .....

This referral must be made with the knowledge and consent of the person interested in receiving complementary therapy. Has this been obtained? Yes  No

If No, please give details:  
.....  
.....

For carer referrals only:  
To whom is the person a family member and/or Carer? .....

Is the person receiving any complementary therapy from any other professional source? Yes

No  If yes what from whom?.....

Has the person requested a specific treatment  
Yes  No  • If yes please specify .....

REASON FOR REFERRAL  
.....  
.....  
.....  
.....  
.....  
.....  
.....



### Hazardous Essential Oils

Listed here is a list of essential oils that are known to be hazardous and should be avoided.

Almond (Bitter) – *Prunus Amygdalis* var *Amara*  
Boldo leaf – *Peumus Boldus*  
Calamus - *Acorus Calamus*  
Camphor (brown) – *Cinnamomum Camphora*  
Camphor (yellow) – *Cinnamomum Camphora*  
Clove bud – *Eugenia Caryophyllata*  
Clove leaf - *Eugenia Caryophyllata*  
Clove stem – *Eugenia Caryophyllata*  
Cinnamon bark – *Cinnamomum Zeylanicum*  
Costus – *Saussurea*  
Elecampane – *Foeniculum*  
Horseradish – *Cochlearia Armorica*  
Jaboradi leaf – *Pilocarpus Jaborandi*  
Mugwort (Armoise) – *Artemisia Vulgare*  
Mustard – *Brassica Nigra*  
Origanum – *Origanum Vulgare*  
Spanish Origanum – *Thymus Capatus*  
Pennyroyal (European) – *Mentha Pulegium*  
Pennyroyal (N. America) – *Hedeoma Pulegioides*  
Pine (Dwarf) – *Pinus Pumilio*  
Sassafras – *Sassafras Albidum*  
Sassafras (Brazilian)- *Ocotea Cymbarum*  
Savin – *Juniperus Sabina*  
Savoury (summer) – *Satureia Hortensis*  
Savoury (winter) – *Satureia Montana*  
Southernwood – *Artemisia Montana*  
Tansy – *Tanacetum Vulgare*  
Thuja (Cedarleaf) – *Thuja Occidentalis*  
Thuja Plicata – *Thuja Plicata*  
Wintergreen- *Gualtheria Procumbens*  
Wormseed – *Chenopodium Anthelminticum*  
Wormwood – *Artemisia Absinthium*

Grapefruit oil (citrus paradise) is not suitable for use at Nottinghamshire Hospice due to its potential to interact with a patient's medication and cause adverse reactions as a result.

### Massage Guidelines and Contraindications

- Avoid using any pressure directly on the area, where cancer can be seen or is known to be
- Avoid pressure work with patients who are taking anti-coagulation medication or who have a low platelet count. What is considered a low platelet count varies; some haematologists advise that patients with a platelet count of 50,000/mcl or less are not treated with massage or aromatherapy
- Be aware of the risks of massaging patients with areas of petechiae (pinprick bruising is an indicator of very low platelet count). Use gentle stroking or light, holding touch only, unless in consultation with the medical team
- Avoid any limb or foot with suspected or recently diagnosed deep vein thrombosis. Discuss with clinical team before offering treatment. NB: be aware of signs and symptoms of deep vein thrombosis including redness, swelling and /or pain
- Patients with advanced cancer or severely impaired mobility are more susceptible to low grade, undiagnosed and asymptomatic deep vein thrombosis (Johnson et al 1999); use gentle massage only
- Avoid areas where there is or suspected to be bony metastases, and use gentle stroking or light, holding touch only.
- Only treat lymphoedematous limbs or areas if working in conjunction with a lymphoedema specialist nurse or physiotherapist. In the absence of specialists, avoid working the area or limb
- Avoid massaging over ascites (fluid retention in the abdomen) and use gentle stroking or light holding touch only
- Avoid stoma sites, dressings, catheters pacemakers and TENS machines
- Be aware that patients have a lowered immune function and are more susceptible to infection.

## **Radiotherapy**

- Be aware of possible side effects of radiotherapy, such as fatigue, soreness of skin, digestive disturbance.
- Avoid the entry and exit sites of radiotherapy during the treatment stage and for 3-6 weeks following radiotherapy: check with the patient and assess whether the skin is still sensitive, tender or sore.
- Encourage the patient to seek advice from the radiotherapy department regarding the use of gels and creams.

## **Chemotherapy**

- Be aware of possible side effects of chemotherapy on the whole person, for instance extreme fatigue, lowered immune function and increased risk of infection, increased risk of bruising, dryness or peeling of skin, digestive disturbance, nausea, altered sensation in extremities, hair loss, altered behaviour or personality, skin sensitive to touch.
- Be aware that patients could have altered smell preferences.
- Consider using gentle massage only, as the patient may not be able to cope with even moderately energising or vigorous treatment.
- Modify pressure and adapt approach and duration of session to take account of the patient's preference, and also the physical, emotional and energetic condition of the patient. For instance using gentle stroking or light touch if the patient is very tired, unwell or emotionally labile. Be guided by the patient's body language and clinical issues.
- Consider massaging part of the body only and in shorter sessions.

### **Aromatherapy Guidelines and Contraindications**

- The use of petroleum-based products is contraindicated in areas where oxygen therapy is used. Nottinghamshire Hospice does not use petroleum-based products but it should be remembered that all our oils are flammable and our emollients are often paraffin based.
- Never use essential oils neat and undiluted on the skin.
- Conduct a skin patch test on patients at risk of dermal sensitisation
- Work in a well-ventilated room and air between patients.

### **Aromatherapy via vaporisers**

- Be aware of respiratory conditions such as asthma.
- Be aware when used in a room where there are other patients or individuals with respiratory conditions, or different smell preferences or allergies.
- Use electric vaporisers rather than a naked flame in the presence of oxygen.
- Do not use vaporisers with a naked flame.

### **Supply and storage of aromatherapy oils**

It is important to ensure that only high-quality products are used and the following guidelines should be followed. Essential oils are highly volatile and flammable substances which must be kept away from sources of heat.

Only purchase and use 100% pure therapeutic grade essential oils NEVER use synthetic fragrance oils.

To ensure purity and quality of essential oil always check the oil states the Latin name as this ensures it is pure plant derived essential oil and not synthetic.

Store essential oils in a cool, dark, dry place away from sources of heat and light.

Ensure essential oils are stored in dark, amber, glass bottles with a safety dropper inserted.

**DO NOT USE OILS WITHOUT THE SAFETY DROPPER.**

## Hot Stone Massage Guidelines and Contraindications

Hot stone massage is a form of massage and so all the same cautions and contraindications apply but also needs adding considerations about the use of heat and the disinfection of the stones between patients.

- Cautions to treatment with heat should be considered if the patient's ability to thermoregulate is impaired such as with oedema, cardiovascular pathology or hypotension and hypertension
- In patients with decreased sensitivity extra precautions regarding temperature perception are needed
- Hydration: patients should be encouraged to take fluid and if they are deemed dehydrated treatment should be avoided
- Oil or an emollient should be used with massage. Fabric should be between stone and skin if a stone is left static
- Temperature: stones should be warmed in a thermoregulated device designed for that purpose. A maximum temperature of 58°C is permitted although it will usually not exceed 50°C. The most immediate, regular and reliable check that a stone is not too hot is that it can be held comfortably in the therapist's hand whilst working. The temperature should not exceed the client's preference which should be checked regularly. The therapist should also limit the temperature and total thermal exposure (area and time) in line with their assessment of the individual
- Hygiene: The water needs to be changed between each patient and the stones should be wiped down with antibacterial wipes. This is to reduce any infection risk.

### Reflexology Guidelines and Contraindications

- Avoid a limb or foot with suspected DVT and avoid varicose veins.
- Be aware of any tender areas on the foot or hand that relate to new surgical wounds.
- Only treat lymphoedematous limbs or areas if working in conjunction with a lymphoedema specialist nurse or physiotherapist. In the absence of specialists, avoid working the area or limb.
- Avoid areas corresponding to colonic stimulation if there are any signs or risk of intestinal obstruction due to causes other than constipation.
- Adjust pressure for patients with a low platelet count.
- Be aware that peripheral sensation may be affected by a person's psychological state, or medication, such as steroids, opioids or chemotherapy.
- Be aware that peripheral neuropathy may be a symptom of disease such as multiple sclerosis and certain tumours, although diabetes is the most common cause.
- Palpate gently and sensitively over reflexes relating to tumour sites.
- Assess the condition of the reflexes and adapt treatment accordingly so that the feet are not over stimulated in any way, especially in patients with neuropathy or altered sensation.
- Establish a working pressure that is comfortable for the patient at all times, and tailor treatment to avoid strong reactions.
- Use fragrance free talcum powder or appropriate cream if the skin is very dry.

### **Procedure for Acupuncture**

The Therapy room must be clean and be capable of being kept clean. A handwash basin with hot and cold-water supplies and foot or elbow operated taps is essential. Soap and disposable towels must be available and accessible. The surface of the couch should have a smooth impervious surface in good repair; it should be kept clean and washed with detergent and hot water regularly. Patients should be placed on a disposable paper sheet rather than the bare surface.

#### **Before each session**

1. Estimate number of needles to be used for the session.
2. Set out the disposable needles, without removing them from their packets.
3. Clean down table and/or couch surfaces as instructed.

#### **Before commencing acupuncture**

4. Wash and dry hands.
5. Place large fresh paper towel on table surface and/or couch.
6. Clean skin with spirit swab.
7. Remove needle with sterilized forceps from container, begin acupuncture. For disposable needles, forceps are unnecessary.

#### **After acupuncture:**

8. When acupuncture is finished, remove needles from patient, place re-usable needles in kidney dish or perforated tray designated for used (dirty) instruments or place disposable needles into sharps disposable box.
9. Do not cover puncture spots.
10. Remove paper and all swabs or tissues used on patient and place in bin.
11. Clean down table surfaces then begin at 1. again.

**This procedure should be kept in the therapy rooms and staff who carry out treatment should be familiar with it and follow it at all times.**

*Adapted from Nottingham City Council recommended procedure following registration of premises for acupuncture in line with Local Government (Miscellaneous Provisions) Act 1982 and Health and Safety at Work etc Act 1974.*

## **Acupuncture Absolute Contraindications**

- The use of points LI 4; SP 6; UB 60, 67 and sacral foraminal points B 31, 32, 33, 34 during pregnancy.
- The use of acupuncture with patient who have uncontrolled movements.
- The needling of an oedematous limb or a limb at risk of lymphedema
- Areas of spinal instability whereas the resulting relaxation of the surrounding muscles could potentially give rise to spinal cord compression.
- The needling of scars, keloid, recent incisional wounds or skin with sensory deficit.
- The needling of intracapsular points if the patient is on anticoagulant therapy or is a haemophiliac.

## **Relative Contraindications:**

- Acute stroke
- Patients with cancer
- Areas of poor skin condition
- Diabetic patients
- Patients with epilepsy
- Haemophilia or other clotting disorders

## **Electro Acupuncture**

Electro acupuncture should be used with caution in patients with serious cardiac diseases.

It is recommended to avoid placing electrodes near the heart and avoiding placing electrodes to needles on both sides of the spinal cord. Electro acupuncture should not be used on patients who have a history of seizures, epilepsy, or on patients with pacemakers. It should also not be performed on a patient's head or throat, or directly over the heart.

### **Actions to follow in event of any acupuncture complications**

- If a needle is broken above the skin, it should be removed with forceps
- If the needle breaks below the skin the site should be clearly marked on the skin and the patient should immediately attend Accident and Emergency.
- If the patient demonstrates fainting/nausea/giddiness or palpitations during treatment the treatment should be terminated. All needles should be removed and the patient should lie down with the legs slightly raised. Further treatments should involve fewer needles and shorter treatment time. The patient should be monitored closely throughout subsequent treatments.
- Should the patient demonstrate an allergic reaction to metal; treatment should be terminated.
- If a pneumothorax is suspected (a very rare occurrence); treatment should be terminated and medical attention be sought immediately.

### Heat Treatment Precautions

Whether hot stone, electric heat pad or infra-red device the general cautions for use of heat are:

- Cautions to treatment with heat should be considered if the patient's ability to thermoregulate is impaired such as with oedema, cardiovascular pathology or hypotension and hypertension.
- In patients with decreased sensitivity extra cautions regarding temperature perception are needed.
- Hydration: patients should be encouraged to take fluid and if they are deemed dehydrated treatment should be avoided.
- Temperature: The therapist should also limit the temperature and total thermal exposure (area and time) in line with their assessment of the individual.



IPOS Patient Questionnaire

Please write clearly, one letter or digit per box.

IPOS Staff Version



Patient name: .....

Patient number:

Date (dd/mm/yyyy):  /  /

Q1. What have been the patient's main problems over the past week?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Q2. Please tick the box that best describes how the patient has been affected by each of the following symptoms over the past week?

	Not at all	Slightly	Moderately	Severely	Over-whelmingly	Cannot assess (e.g. unconscious)
Pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Weakness or lack of energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Nausea (feeling like you are going to be sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Vomiting (being sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Constipation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Sore or dry mouth	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Drowsiness	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Poor mobility	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>

Please list any other symptoms and tick the box to show how you feel each of these symptoms has affected the patient over the past week.

1.  0  1  2  3  4
2.  0  1  2  3  4
3.  0  1  2  3  4

IPOS STAFF

Over the past week:

	Not at all	Occasionally	Sometimes	Most of the time	Always	Cannot assess (e.g. unconscious)
Q3. Has s/he been feeling anxious or worried about his/her illness or treatment?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Q4. Have any of his/her family or friends been anxious or worried about the patient?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Q5. Do you think s/he felt depressed?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
	Always	Most of the time	Sometimes	Occasionally	Not at all	Cannot assess (e.g. unconscious)
Q6. Do you think s/he has felt at peace?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Q7. Has the patient been able to share how s/he is feeling with his/her family or friends as much as s/he wanted?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Q8. Has the patient had as much information as s/he wanted?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
	Problems addressed/ No problems	Problems mostly addressed	Problems partly addressed	Problems hardly addressed	Problems not addressed	Cannot assess (e.g. unconscious)
Q9. Have any practical problems resulting from his/her illness been addressed? (such as financial or personal)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>