

## Evidence Review

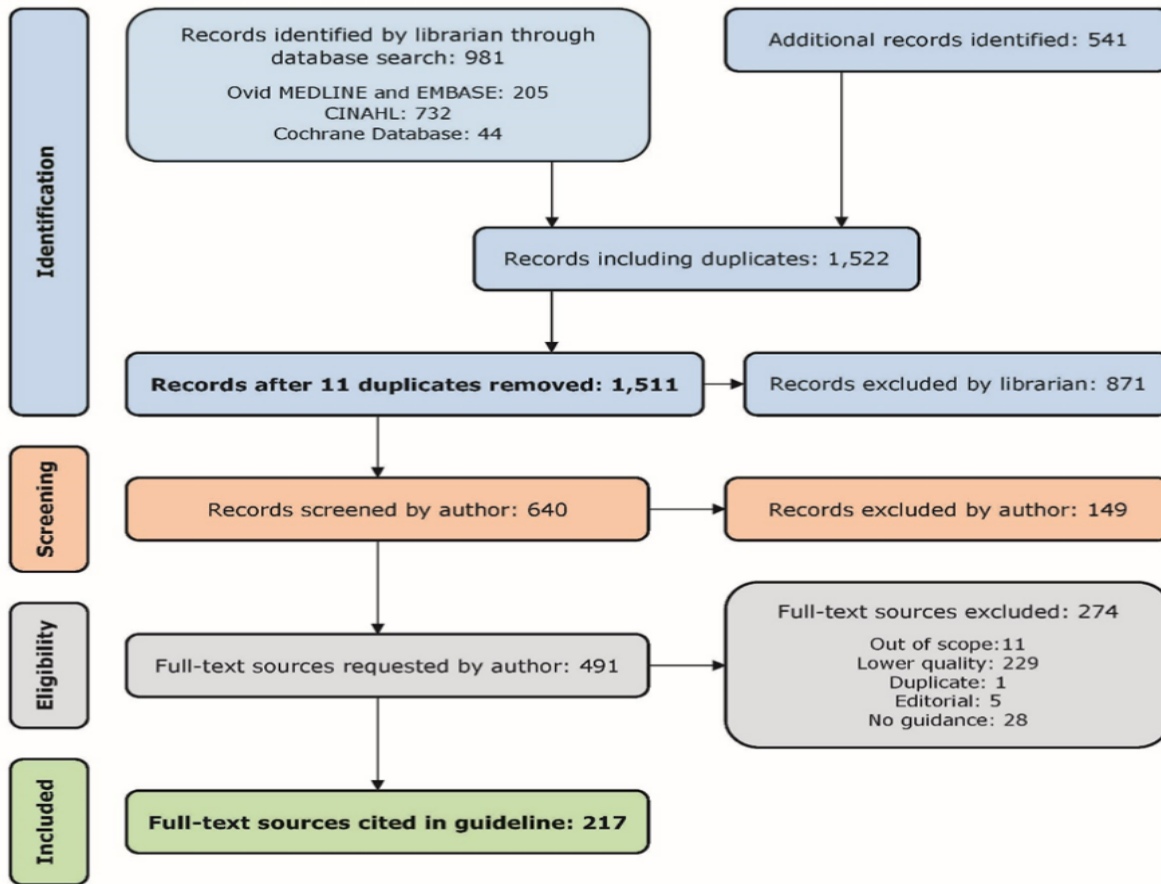
The Guideline for Complementary Care was approved by the AORN Guidelines Advisory Board and became effective as of June 10, 2021.

A medical librarian with a perioperative background conducted a systematic search of the databases Ovid MEDLINE, Ovid Embase, EBSCO CINAHL, and the Cochrane Database of Systematic Reviews. The search was limited to literature published in English from **January 2010 through April 2020**. At the time of the initial search, weekly alerts were created on the topics included in that search. Results from these alerts were provided to the lead author until **June 2020**. The lead author requested additional articles that either did not fit the original search criteria or were discovered during the evidence appraisal process. The lead author and the medical librarian also identified relevant guidelines from government agencies, professional organizations, and standards-setting bodies. **Search terms included** *acupressure, acupuncture\*, adulterants, alternative analgesia, alternative medicine, alternative therap\*, anxiety, aromatherap\*, audio visual distraction, ayurved\*, bioelectromagnetics, biofield, biological field, bleeding, bruise\*, carrier oil, chiropract\*, chromatography, complementary care, complementary medicine, complementary therap\*, conditioned aversion, contusions, cool cloths, cortisol, cough relief, deep breathing, diet therap\*, discomfort, dislike smell, distress, electromagnetic fields, emotional distress, energy medicine, environmental trigger, essential oils, fear, flexibility, functional medicine, guided imagery, h\*matoma, heart rate, heating pad, herbal medicine, herbal remedies, herbal\*, holistic interventions, homeopath\*, homeopathic medicine, hypnosis, hypnotherap\*, ice, inflammation, integrative health, integrative medicine, LED lights, massage, muscle tension, nasal stuffiness, natural medicine, natural therap\*, naturopath\*, naturopathy, nausea, nonconventional therapy, nonpharmaceutical, nutrition\*, operating room nurse, operating rooms, organic, osteopath\*, PACU, pain tolerance, perioperative nursing, physiological stress, phytotherap\*, pillows, positioning, postoperative, postoperative nausea and vomiting, postoperative pain, postoperative period, postoperative phase, preoperative, preoperative period, preoperative phase, purity, quality, range of motion, reflexolog\*, safety data sheet, scent bias, scope of practice, sedative, skin irritation, stress, supplement, swelling, symptom relief, TENS, therapeutic touch, topical analgesic, traditional Chinese medicine, tranquility, undiluted, virtual reality, vitamin therapy, vomiting, and yoga*. Included were research and non-research literature in English, complete publications, and publications with dates within the time restriction when available. Excluded were non-peer-reviewed publications and older evidence within the time restriction when more recent evidence was available. Editorials, news items, and other brief items were excluded. Low-quality evidence was excluded when higher-quality evidence was available, and literature outside the time restriction was excluded when literature within the time restriction was available (**Figure 1**).

Articles identified in the search were provided to the project team for evaluation. The team consisted of the lead author and two evidence appraisers. The lead author divided the search results into topics and assigned members of the team to review and critically appraise each article using the AORN Research or Non-Research Evidence Appraisal Tools as indicated. The literature was independently evaluated and appraised according to the strength and quality of the evidence. Each article was then assigned an appraisal score. The appraisal score is noted in brackets after each reference as applicable.

Each recommendation rating is based on a synthesis of the collective evidence, a benefit-harm assessment, and consideration of resource use. The strength of the recommendation was determined using the AORN Evidence Rating Model and the quality and consistency of the evidence supporting a recommendation. The recommendation strength rating is noted in brackets after each recommendation.

Figure 1: PRISMA 2009 Flow Diagram



Adapted from Moher D, Liberati A, Tetzlaff J, Altman DG; The PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. PLoS Med. 2009;6(6):e1000097.

## Publication History

- Originally published as Guideline for Complementary Care Interventions in Guidelines for Perioperative Practice, 2015 edition.
- Evidence ratings revised in Guidelines for Perioperative Practice, 2018 edition, to conform to the current AORN Evidence Rating Model.
- Evidence ratings revised and minor editorial changes made to conform to the current AORN Evidence Rating model, September 2019, for online publication in Guidelines for Perioperative Practice.
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