

# AJN

American Journal of Nursing  
The Leading Voice of Nursing Science Today

Volume 38, Number 1  
January 2008



**EB** Interventions to Promote Physical Activity in Chronically ill Adults

An Evidence-Based Protocol for Managing Hypoglycemia

SBP, Step by Step: Critical Appraisal of the Evidence: Part I

Wolter Clark | Lippincott  
Williams & Wilkins

# Dispelling the Petroleum Jelly Myth

**Winslow, Elizabeth H. PhD, RN, FAAN; Jacobson, Ann F. PhD, RN**

American Journal of Nursing . 98(11):16RR, November 1998.

## Author Information

Elizabeth H. Winslow is a research consultant for the Presbyterian Hospital of Dallas, TX. Ann F. Jacobson is an assistant professor at Kent State University School of Nursing, Kent, OH.

Recently, a hospital with which I have been associated removed petroleum jelly from the patient-care units to prevent its use on patients receiving oxygen. The ban was based on the National Fire Protection Association's (NFPA) 1996 edition of its *Standard for Health Care Facilities*, which states, "Oil, grease, or other flammable contaminants shall not be used with oxygen equipment" (item 8-6.2.2.2), and "Flammable and combustible liquids shall not be permitted within the site of intentional expulsion" (item 8-6.2.2.3). The hospital's administration inferred that petroleum jelly presented a fire hazard. Ironically, no ban was placed on petroleum-based products such as antibiotic ointments, petroleum jelly gauze, and hand or body lotion, which are commonly used in caring for patients receiving oxygen. No problems had been reported with these products.

Many nurses on staff were bewildered and concerned about the ban. They had used petroleum jelly for years to lubricate, soothe, and protect skin and mucous membranes. In many nurses' experiences, water-soluble products, which were permitted, were not effective moisturizers. Staff nurses took their concern about the "petroleum jelly prohibition" to the nursing research committee, enlisting their help in validating or refuting the scientific basis of the ban.

The newly formed committee, whose primary goal was to promote evidence-based practice, completed an exhaustive literature search. This provided no evidence of problems associated with using petroleum jelly for patients, whether they were receiving oxygen or not. At one committee meeting, attempts to ignite a glob of petroleum jelly were unsuccessful—the petroleum jelly simply melted into a large puddle. An Internet inquiry and phone calls to staff nurses working at hospitals in the area and across the nation generated a long list of hospitals with no restriction on petroleum jelly use and a short list of hospitals who were queried had ever heard of an adverse incident caused by petroleum jelly. An informal phone survey to nationally recognized nurses produced similar responses. For example, Marianne Chulay, DNSc, RN, FAAN, past-president of the American Association of Critical-Care Nurses, and Cathie Guzzetta, PhD, RN, FAAN, author of several books on the nursing care of critically ill patients, both used petroleum jelly for patient care and neither had ever encountered or heard of a problem with it. The physician chair of the NFPA Technical Committee on Gas Delivery Equipment offered his personal interpretation of items 8-6.2.2.2 and 8-6.2.2.3. He construed 8-6.2.2.2 as referring to oxygen equipment hardware, such as valves and regulators, and 8-6.2.2.3 as literally pertaining to liquids only (personal communication, December 10, 1996). He cautioned, however, that his opinion should not be considered an official commentary.

Despite the above evidence, safety committee and risk management personnel were reluctant to allow petroleum jelly for patients receiving oxygen. The hospital safety manager requested assistance from an independent physician researcher to resolve the issue. The researcher noted that petroleum jelly "is neither a contaminant nor a liquid" and urged that "the present uses of petroleum jelly, with its many solidly demonstrated benefits to patients, be continued without restriction until such time as solid scientific evidence becomes extant which would indicate a potential hazard to patients, staff, or premises" (memorandum from Ivan Danhof, December 5, 1996). Finally, the ban was lifted.

At the most recent meeting of the NFPA Technical Committee on Gas Delivery Equipment, it was proposed that the wording of 8-6.2.2.2 be changed to, "Oil, grease and other flammable substances should not be used in or on oxygen equipment." If approved, this wording will be included in the January 1999 issue of the NFPA's *Standard for Health Care Facilities*. The revision should help eliminate confusion over petroleum jelly, which may be considered safe for use on patients receiving oxygen, but not in or on the oxygen equipment itself.

By questioning the prohibition, providing evidence of the safety of petroleum jelly, and being persistent, the nurses at this hospital were able to return petroleum jelly to the patient care units.

*-Elizabeth H. Winslow, PhD, RN, FAAN*

[Back to Top](#)

## **CALL FOR MANUSCRIPTS**

*Nursing Case Management: Managing the Process of Patient Care* is interested in your thoughts, knowledge, and experiences.

- \* Disease management and integration of case management activities
- \* Design and implementation of a case-management model
- \* Specific outcome studies for measures of case management performance
- \* Mental health and case management
- \* Identification of nonclinical personnel support for case managers (roles and responsibilities)
- \* Disease- or population-specific examples of case management models
- \* Case management in the integrated delivery system: Who owns the process?
- \* Other innovative ideas

**Contact the editor for more information:** Diane B. Williams, MSHA; 13343 NW Old Germantown Road; Portland, OR 97231; (503) 283-8797, [nursingcm@aol.com](mailto:nursingcm@aol.com)

© 1998 Lippincott Williams & Wilkins, Inc.