

The Alliance for Integrative Medicine of Northern New England

TITLE: PRACTICE GUIDELINES FOR REIKI

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I. Objective:

- A. To provide guidelines for the integration of Reiki into conventional healthcare settings.

II. Definition:

- A. Reiki is a bio-energetic healing modality, utilizing a spontaneous flow of Universal life energy to support the individual's innate healing capacity.

III. Elements of the Service Environment:

- A. A quiet environment with soothing background music, while not necessary, can be supportive of treatment. The environment for Reiki treatment may include a soft, flat surface such as a massage or PT table, with room for the Reiki Practitioner to walk around the perimeter. A chair/lounge-recliner chair is often appropriate both in outpatient and in-patient settings.
- B. The actual delivery of Reiki is unique to the individual and the provision of service is one practitioner to one client.

IV. Patient Population/Scope of Treatment/Benefits of Treatment:

- A. Reiki practice honors the philosophy that the body has its own holistic wisdom and trusts that the use of Universal life energy will be directed by that wisdom, in a way which best serves the needs of the client.
- B. Clients will receive an overview of Reiki before they are asked to give consent for treatment.
 - 1. Reiki is a modality used in the healthcare setting to promote relaxation and reduce anxiety. Reiki is not a substitute for medical treatment. Reiki supports the philosophy that the body has a natural ability to heal itself, utilizing the life source energy that sustains all animate forms.
 - 2. Clients can be treated lying supine on a flat soft surface with space for practitioner to walk around such as a portable massage table and hospital bed or a chair, as the environment allows.
 - 3. Clients are to remain clothed or in hospital attire and covered with a light sheet or blanket.
- C. The practice of Reiki may be in the form of hands held over the client's body and/or hands lightly in contact with the client.

1. There is no age barrier for receiving a Reiki session.
 2. Individual healthcare settings will determine which client populations will be served.
- D. Practitioners will refrain from repositioning clients whose mobility is limited. They will modify hand placements as necessary.
- E. Reiki hand positions are applicable for all age groups. The language used to explain a Reiki session should be appropriate to the understanding of the client.
- F. Benefits include:
1. Client/patient sense of empowerment in a healthcare setting and process that embodies the Mind-Body-Spirit philosophy. The client/patient becomes an active participant in their own healing, instilling confidence for the healthcare providers and system that care for them.
 2. Reiki promotes relaxation, and facilitates reduction of stress, anxiety, nervousness, and pain or discomfort. Reiki evokes the relaxation response in the body.
- G. Reiki may be appropriate for the psychiatric patient, as defined by individual hospitals, to meet their specific needs.

V. Reiki Contraindications:

- A. There are no contraindications. Reiki may be safely used before (as in an ambulance or waiting room), during, or after any medical intervention. Reiki can be given in quarantine with appropriate medical precautions.

VI. Practice Guidelines:

- A. Requests for Reiki may be generated by physician order, client request, and/or nursing order.
- B. Practitioner and time for the session must be arranged.
- B. Practitioners undergo training and orientation (as outlined under Credentials' Section below) prior to giving independent Reiki sessions.
- D. Practitioners will wash hands before and after each session.
- E. Clients will receive a brief history and description of Reiki hand placements and consent is requested for treatment prior to every session.
- F. Consent must be received and should include:

1. Permission to give Reiki.
 2. A mechanism for documentation.
 3. Specific permission to work with hands on the client.
 4. When appropriate, permission for a client support person to remain with the client.
- G. Practitioners will avoid direct contact with the throat, breast, and lower abdominal/genital area, as well as wound sites.
- H. Practitioners will refrain from repositioning clients whose mobility is limited. They will modify hand placements as necessary, within treatment parameters.
- I. Reiki hand positions are applicable for all age groups. The practitioner will explain a Reiki session in language appropriate to the understanding of the client.

VII. Documentation:

- A. Notation recommended in the healthcare record:
1. The client gave verbal or written consent prior to Reiki session.
 2. Time and date of session.
 3. Practitioner's signature.
 4. Documentation of client response as appropriate.
 5. Reiki practitioners not permitted access to client's charts will fill out a Reiki documentation tracking form. Individual healthcare settings will determine protocol for including the necessary documentation in the client record.
- B. Data Collection:
1. Documentation of chart audits.
 2. Usage statistics, monthly statistics.
 3. Trending and client satisfaction/response surveys.
 4. Any efficacy data or in house study results.
 5. Quality improvement data, including mechanism to effect change and show improvement.

VIII. Practitioner Credentialing:

A. Reiki I practitioners-minimum training requirements:

10 hours of instruction/training to include:

1. Handbook
2. Definition of Reiki
3. History of Reiki
4. Reiki Principles
5. Description of various levels of training
6. Hand positions
7. Level I Ethics (to include consent and liability issues)
8. Level I
9. Reiki Guidelines
10. Effects of Reiki
11. Minimum of 6 hours hands on practice

B. Practitioner credentialing to include:

1. A copy of practitioner's certification to be filed with the healthcare setting.

C. Certificate showing their level of training:

1. Reiki II level recommended for practitioners without clinical client care experience.
2. Reiki I level recommended for RN, CNA, physical therapists, massage therapists and others who routinely work with patients.

D. Certification signed by hospital/healthcare approved educator or a review form signed by a hospital/healthcare approved educator.

E. Orientation to hospital/healthcare setting, either employee or volunteer.

F. Reiki specific orientation.

G. Practice and observation sessions documented by hospital/healthcare designee.

IX. Reiki Competency:

- A. Continuing participation in seminars, conferences, and continuing education as encouraged and at the discretion of the healthcare setting and/or the credentialing authority(s). Some states licensing standards determine CEU requirements for maintaining license.
- B. Competency evaluations, including observation sessions, reviewed and updated annually at discretion of healthcare setting.
- C. Completed Reiki Competency, updated annually. (See next page)
- D. Hospital/Healthcare Reiki Teacher recommendations:
 - 1. Familiar with the health care facility/agency and its policies.
 - 2. Experienced Reiki Master/Teacher (Reiki III).
 - a. Documentation of Reiki I, II, III training in the form of certificates and syllabi or class teaching outline.
 - b. Able to offer continuing education credits (CEU's) for Reiki training.
 - c. Provide supervisory support and training for practitioners.
 - d. Maintain documentation as suggested above.
 - e. Provide education and information to medical/nursing/allied health staff.

X. Outcome Criteria:

- A. Reiki will be provided in a manner that is consistent with approved hospital practice and comply with JAHCO and each healthcare settings standards.
- B. Documentation regarding outcomes, client satisfaction, and other data will be maintained as required by each healthcare setting.
- C. Data collection is an important tool in evaluating the efficiency, effectiveness, and appropriateness of a therapeutic modality. Each healthcare setting will determine its own informational need. Data collection may include:
 - 1. Usage statistics (monthly).
 - 2. Trending and client satisfaction surveys.
 - 3. Other studies.

Reiki Competency (see next page):

REIKI COMPETENCY

Directions: Complete the following with an approved Reiki preceptor, photocopy, retain original and provide copy to clinical or appropriate manager.

Name _____ Dept. _____
 Date _____

Reiki Preceptor _____

Procedure Attend mandatory training, Provide copy of Reiki Certification	Performs/ States correctly	Does not meet criteria	Comments
Define the Reiki principles: <ul style="list-style-type: none"> • Do my work honestly • Trust • Respect the rights of all living beings • Be at peace • Accept my many blessings 			
Describe at least 6 of the basic hand positions routinely used in the healthcare setting, such as: <ul style="list-style-type: none"> • On the forehead, over the eyes, but not touching them • The Temples • The Crown • The top of the shoulders • The ankles • The feet • NOTE any or all positions may be executed as "hands-off" or omitted entirely when appropriate 			
Before Reiki can be given the patient must give informed consent. Describe the process.			
Practice session with trainer/preceptor.			
Observed at least 2 sessions.			
Describe documentation/charting process.			
State two contraindications for Reiki.			

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XI. References:

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