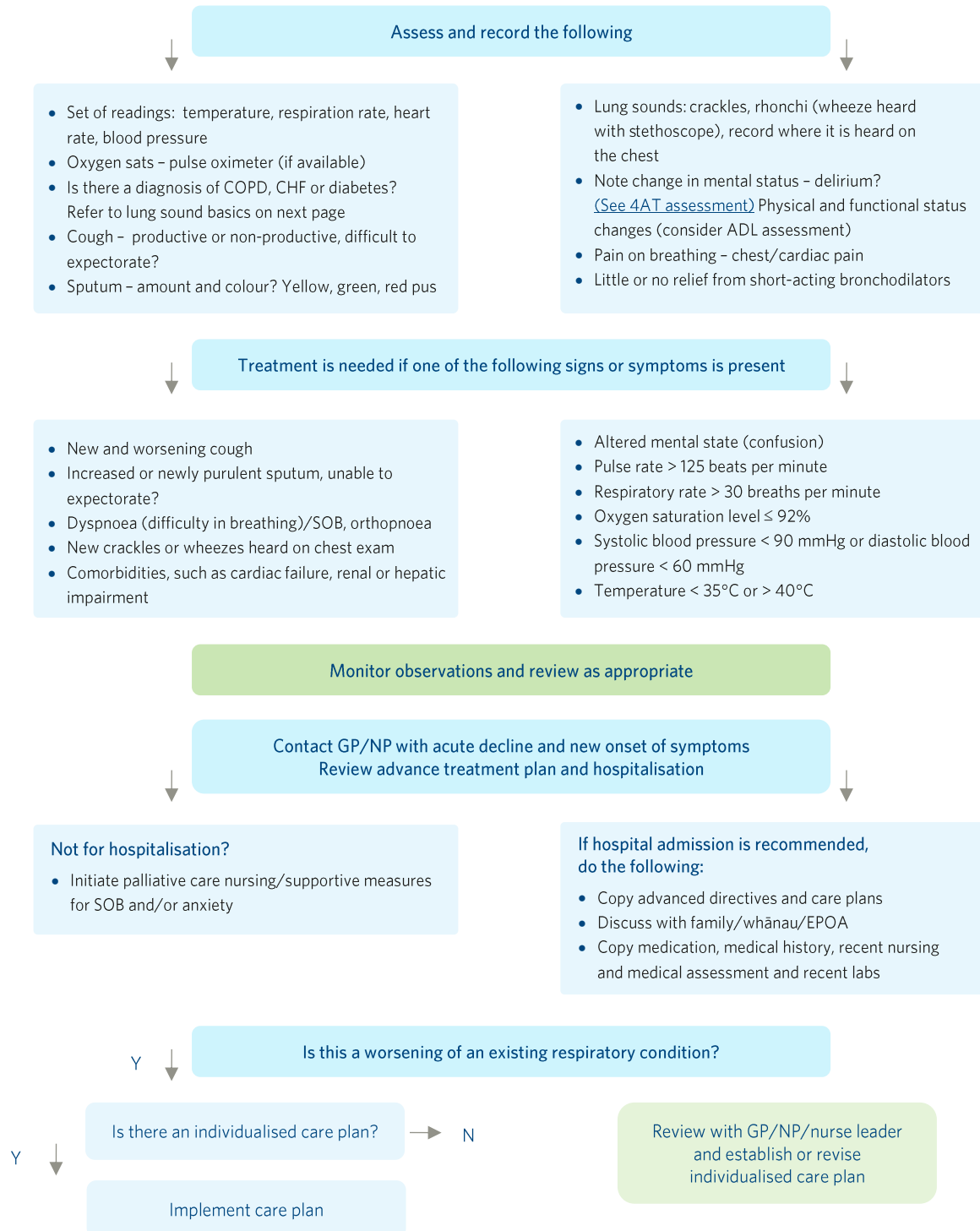


Respiratory care guide | Te aratohu maimoa hā

Shortness of breath (SOB; also known as dyspnea) assessment tool



Preventative care

- See immunisation guidelines below.
- Review advance treatment plan.
- Consider smoking cessation, healthy diet, physiotherapy referrals, pulmonary rehabilitation, regular exercise as tolerated.

Recommended immunisation guidelines

- All residents should be vaccinated against influenza by March of each year.
- Residents admitted between March and June should be vaccinated, if not already immunised for the current influenza season.
- Those with heart or lung disease may want to consider streptococcus vaccination. Not subsidised and requires private payment.

Palliative care respiratory guidelines

- Psychosocial support – provide reassurance and a calm presence for the resident and family/whānau. This helps reduce anxiety, which reduces dyspnoea.
- Breathing control and learned coping strategies:
 - Comprehensive assessment of resident's strategies, to proactively help breathlessness
 - Individual resident care plans are important.
- Decrease the resident's need for exertion during exacerbations.
- Sit resident up and support by pillows.
- Have a cool fan blow on the resident's face.
- Physiotherapy for pulmonary rehabilitation.
- Oral lorazepam or midazolam (SC), or low doses of morphine, can help dyspnoea, but there is no evidence to support the use of nebulised opioids.
- Oxygen must be prescribed and used under the direct supervision of a prescribing health practitioner.
- Oral care – mouth breather.

Lung sound basics

- **Crackles:** (Rales) are fine rattling sounds. These are non-continuous, high-pitched, fine crackles, like the sound of carbonated beverages. These sounds are usually caused by the presence of fluid in the alveoli and bronchioles.
- **Wheezes:** Wheezes are musical sounds like the high-pitched notes on a clarinet. Wheezes are produced by constricted or partially obstructed airways.

COPD guidelines

	Mild	Moderate	Severe
Typical symptoms	<ul style="list-style-type: none"> Few symptoms Breathless on moderate exertion Recurrent chest infections Little or no effect on daily activities 	<ul style="list-style-type: none"> Breathless on walking on level ground Increasing limitations of daily living Cough and sputum production Exacerbations requiring oral corticosteroids and/or antibiotics 	<ul style="list-style-type: none"> Breathless on minimal exertion Daily activities severely curtailed Experiencing regular sputum production Chronic cough Exacerbations of increasing frequency and severity
Lung function	FEV ₁ 60-80% predicted	FEV ₁ 40-59% predicted	FEV ₁ < 40% predicted

COPD non-pharmaceutical interventions

- Risk reduction – check smoking status, support smoking cessation, recommend annual flu vaccine and pneumococcal vaccine according to Immunisation booklet.
- Optimise function – encourage regular exercise and physical activity, review nutrition, provide education, develop GP/NP management plan and written COPD action plan and initiate regular reviews.
- Consider comorbidities – especially cardiovascular disease, anxiety, depression, lung cancer and osteoporosis.
- Refer to pulmonary rehabilitation for symptomatic patients.
- Consider oxygen therapy, surgery, bronchoscopic intervention, palliative care services and advanced care planning.

COPD pharmaceutical interventions

- Start with short-acting relievers (inhaled medicines) – use as needed.
- Short-acting Beta₂ agonist (SABA) or short-acting muscarinic antagonist (SAMA).
- Add long-acting bronchodilators, eg, long-acting muscarinic antagonist (LAMA) or long-acting Beta₂ agonist (LABA). Review need for LAMA/LABA as a fixed-dose combination inhaler.
- Consider adding an anti-inflammatory agent: ICS/LABA and LAMA.
- Check device usage technique and adherence at each visit.



Please be aware: Hearing lung sounds is difficult in the frail aged due to reduced lung capacity. Check inhaler technique, consider spacer and so on.

Bibliography | Te rārangi pukapuka

Respiratory care guide

Bloom AS, Suchindran S, Steinbrink J, et al. 2019. Utility of predictive tools for risk stratification of elderly individuals with all-cause acute respiratory infection. *Infection*. DOI: 10.1007/s15010-019-01299-1

bpac^{NZ}. 2017. *The bpac^{NZ} COPD prescribing tool has been updated*. URL: <https://bpac.org.nz/2017/docs/copd-update.pdf> (accessed 20 June 2019).

Dosa D. 2005. Should I hospitalize my resident with nursing home-acquired pneumonia? *Journal of the American Medical Directors Association* 6(5): 327–33. DOI: 10.1016/j.jamda.2005.06.005

Global Initiative for Chronic Obstructive Lung Disease. 2017. GOLD 2017 global strategy for the diagnosis, management, and prevention of COPD. URL: <http://goldcopd.org/gold-2017-global-strategy-diagnosis-management-prevention-copd> (accessed 20 June 2019).