

pūkorokoro- Airways

Newsletter of the College of Respiratory Nurses (NZNO)



Welcome to all, Kia ora koutou,

The symposium is nearly upon us and we would dearly love to see you there. It is a really exciting program that we have on bronchiectasis. It has been a long road to get this far and the committee has worked really hard to bring you this symposium covering varying aspects of this debilitating and lifelong condition. We have speakers from a variety of disciplines who have come together to share their knowledge and skills with you.

We also look forward to seeing you at the AGM so please come and have your say and see what we at the committee do. We are here to represent you our members and look to work with you to take Respiratory Nursing into the future.

We would love to hear your stories about Respiratory care in the areas that you work in. Sharing your experience can allow others to build on your knowledge and help improve their understanding and Practice. Although we may work in different silos, we all share the same aim of improving Respiratory care for our community, so let us come together to work as a community of Respiratory Nurses.

Take care and stay well,

Ngā mihi maioha, Ka kite anō

Alan Shaw

Chair of Respiratory SIG.

Kia ora koutou

Malo e lelei

Talofa Lava

Ni sa bula Vinaka

Fakaalofa lahi atu

Malo ni

**WELCOME TO
AUGUST 2022
AIRWAYS
NEWSLETTER**

It has been a hard winter to say the least. The college would like to thank you all for your hard mahi and sacrifices all healthcare professionals and their whanau have to make over this winter.

Our College is small but growing! Encourage your nursing colleagues, student nurses and enrolled nurses to join! To join simply click [here](#)

Its (almost) SWEATEMBER & Breathe Better September!

Get your colleagues, friends and whanau together and be a Sweaty Superstar for Kiwis with cystic fibrosis this September. Cystic Fibrosis is a serious genetic condition that impacts kiwi families' everyday. By seating for cystic fibrosis as part of the Sweatember challenge, your efforts will help provide emotional, financial and practical support for whanau's in need.

To take part you do not need to be a pro-sweater. You just need to decide what is going to make you sweat, whether that is walking, running, dancing or cycling that you will do from 1-30 September 2022

To sign up please head to <https://sweatember.org.nz/>

Breathe Better September is the Asthma + Respiratory Foundation's annual campaign to raise funds & awareness to support New Zealanders with respiratory disease. Set up a goal with your friends and whanau to improve your lung health.

To find out more and about how it works, visit <https://breathebetterseptember.co.nz>



2022 Respiratory Symposium – REGISTER NOW

- 6th September
- 8:30am – 4:00pm
- Virtual/Online, New Zealand
- Registrations are in your email!
- Annual General Meeting will be held on the same day 12:30 – 1:30pm

Conferences & Events

Asthma & COPD Fundamentals Course – Asthma & Respiratory Foundation online course.

<https://www.asthmafoundation.org.nz/health-professionals/copd-asthma-fundamentals>

TSANZ/ANZSRS NZ Branch Meeting 2022 in Nelson – 28-30th September 2022

Hybrid Sleep DownUnder 2022 – 8 – 11 November 2022

Useful Resources

National Asthma Council Australia [How-to Videos](#): Using your inhaler

Good Fellow [Webinars](#)

Lung Foundation Australia Patient Inhaler [Resources](#)

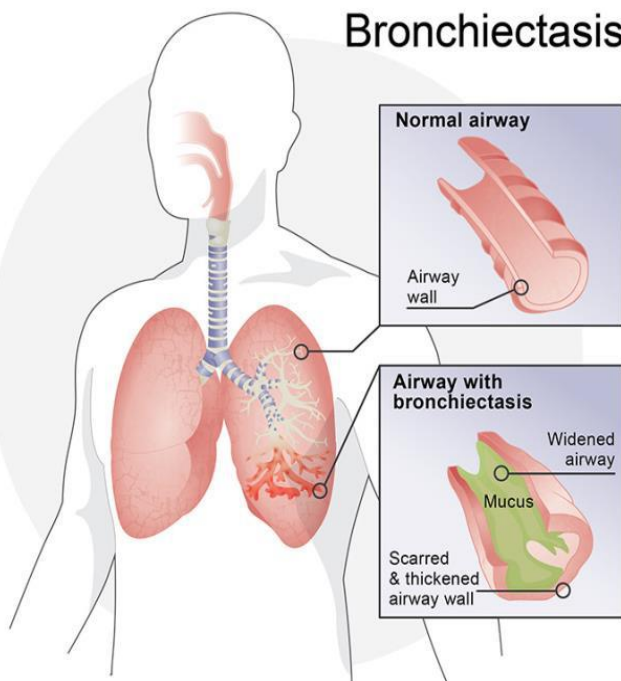
Bronchiectasis Foundation New Zealand [Resources](#)

Bronchiectasis Toolbox – amazing [resource](#) on all things bronchiectasis

VuMedi – Sign up as a healthcare professional and access [webinars](#) on all things healthcare

Note: Respiratory Education Fund can be accessed by College of Respiratory Nurses members. See this [Link](#) for further details.

Bronchiectasis



What is Bronchiectasis?

Bronchiectasis is a chronic lung condition defined as the abnormal, irreversible dilatation of the bronchi where the elastic and muscular tissue is destroyed by acute or chronic inflammation and infection. This damage impairs the natural drainage of secretions which can become infected resulting in mild to moderate airway obstruction. Unless managed through airway clearance, hydration and antibiotics if needed, the combination of infection and chronic inflammation results in progressive lung damage. This can affect specific lobes or both lungs. Diagnosis is made by a high resolution computed tomography (HRCT) scan.

You will learn so much more at the symposium! We look forward to seeing you there.

What makes you proud to be a Respiratory Nurse?

Q & A – Angelica Carvajal, Respiratory Clinical Nurse Specialist, Waikato Hospital.

How long have you been a Bronchiectasis CNS?

I started working as the Bronchiectasis CNS in early October 2021 so nearly a year now. Prior to that, I worked as a Cystic fibrosis and Bronchoscopy/Endobronchial ultrasound RN.

What is the part of your job that you enjoy the most?

I really enjoy working with the patients and their families, and making a difference in their quality of life. For example, seeing my patient's chronic atelectasis, caused by mucus plugging, resolve on CT after we have started him on a specific order of treatment will be one of the highlights of my nursing career. This caused significant clinical improvement for that patient. Another one is noting a significant reduction in the number of exacerbations/year for a patient from 16 to 2 after we have started him on long-term macrolide. It is a very fulfilling role for me to see my patients improve. Bronchiectasis is a long-term and permanent condition so I teach and empower my patients in treatment optimisation, symptom management, and recognition of an exacerbation so that they can seek prompt intervention.

What is the part of your job that you find the most challenging?

Providing education to patients with vaccine hesitance and have very little to no motivation in changing their unhealthy practices, such as smoking, that contribute to their exacerbations.

What do you think patients with bronchiectasis find the most challenging?

For patients who are working, they find it hard to fit in their airway clearance exercises for the day. Working collaboratively with the patient so that we can decrease their burden of treatment is very important. We can consider modifying its frequency or using a OPEP device that can simultaneously deliver nebulised mucolytic while the patient performs the airway clearance exercises to save time. Furthermore, due to the permanently dilated airways and mucus build-up, Bronchiectasis patients main challenge is repeated chest infections. Early recognition and intervention are important to prevent further lung damage.

What do you think RN's need to know about caring for patients with bronchiectasis?

- Infective exacerbations of Bronchiectasis need to be treated with a minimum of 14 days of antibiotics, whether oral or intravenous.
- Airway clearance is very important in Bronchiectasis patients. Please refer the patient to your ward or community PT for chest physiotherapy.
- Due to frequent use of antibiotics in most Bronchiectasis patients, antimicrobial stewardship is important to prevent antimicrobial resistance.
- If able, collect the sputum sample for MC&S first and send it to the lab before starting the antibiotic course.
- Not all patients with Bronchiectasis have inhalers. It depends if they have other long-term respiratory conditions such as asthma or COPD.
- Long-term macrolide such as Azithromycin can be used for Bronchiectasis patients who have ≥ 3 exacerbations/year. This is not only used as a prophylactic antibiotic but more for its anti-inflammatory and immunomodulatory properties. Unfortunately, this is not publicly funded for this indication and will cost around \$30 per month.

Anything else you would like to add?

With the emerging global health crisis, it is very important to empower our patients with long-term conditions such as Bronchiectasis to learn how to self-manage and to also recognise when to seek medical help. Working closely and collaboratively with our patients, and identifying and removing barriers lead to increased concordance with care plans developed.

What is the Device?

Can you name these devices?

FORCED EXPIRATION



TECHNIQUE (HUFF)

THERA PEP



BOTTLE PEP



ACAPELLA



FLUTTER



NEBULISER

HIGH FLOW NASAL CANNULA



INCENTIVE SPIROMETER



Images from Bronchiectasis

Toolbox

Te Reo Māori Korero

Learn common respiratory words in Te Reo Māori to incorporate into your mahi

English:

COUGH

Te Reo Māori

MAREMARE



Coming Soon...

You will be able to find us on **FACEBOOK!**

Better connect with Respiratory nurses across the motu

Ka Pai!

We would like to extend our thanks to all out MIQ, testing and vaccination workers for all their hard Mahi keeping New Zealand safe.

Feedback

We would love to hear your feedback on topics you would like to see or articles you may have in *pūkorokoro- Airways*. Please email respiratory@nzno.org.nz

Can you find these words?

- Acapella
- Active cycle of breathing
- Airway clearance
- Airway dilatation
- Antibiotics
- Aspergillus
- Breathlessness
- Bronchial wall thickening
- Bronchiectasis
- Bronchoscopy
- BubblePEP
- Cough
- Crackles
- CT scan
- Cultures
- Exacerbations
- Fatigue
- Haemoptysis
- Huffing
- Incentive spirometer
- Infection
- Inflammation
- Lung resection
- Lung transplant
- Mycobacterial
- Noncystic
- Pseudomonas aeruginosa
- Rhonchi
- Sputum

Bronchiectasis Word Search

Z H B O J X X P C Y W Z J S M O L L U B C U V G O Y G Y S R
 F A X O H G T F A I R F I T R H F A C E U H F D V Z H C M E
 H C W Q P W J J D Z T S X Y X T G I M T I B L S W M I P P T
 L X T I C B V W A U A S O B Y W G R N P S L B Q O T N B S E
 B O G J R R P Q Q T B G Y E N P U E V R J C O L O Z R Q E M
 X R T S C E Z V C X C U T C R R O T J N X R A I E O Y A U O
 A C S G X A Q E P T Q T C S N L E C Y B U T B N N P I Y D R
 N W H S E T I C M E R X W C V O O A S W L I C C C R E I O I
 W K F P F H N O I T C E F N I C N B W O T B H D W B Z P M P
 V U V F C L V M S Z P T J R J B I O Z N H I R A X I U B O S
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 L L O A R S A I L X L V S I N A D Y E L B C N F J K O R A V
 F R B R W S H R W V G K L D T H S M W H L U E O A G I H S I
 B S X O M N P W A S Y N C N J C V A I E S O L J R M T U A T
 S Y P A A E I A Y J G W A A E T L V A N M I E W C B C F E N
 T I O U U S H Y D N R L Z S R L R R O D T J I Y X Q E F R E
 P X Q S T S J D G I P P J D T C A I B I K V H W V K S I U C
 S P W Q F U J I G S Y X G H F N T G Y Q C Q Y S Y Q E N G N
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 T C Y C K N S A Z S A C T E B W L V R U S F U I W W G Q N S
 F U A W W L R T G I K C L R K Q F L C M D X H I X L N I O O
 H Q I P N T Z A D E W I E P W J U T C L I I M H Y K U I S J
 C B G F G N H T N R R C S I S Y T P O M E A H C C S L N A J
 J Z Y N K P O I F C A S R J L B U V M S N H J N O W E F R Q
 N R U G Z J N O Y X S U L L I G R E P S A J L O F C A F Z C
 E L F A P G F N E D T U L C C O U G H T O Q O H O T C K D J
 G N I H T A E R B F O E L C Y C E V I T C A H R I P C B E O
 I J T E Q C Q X S F X D G B L Y I B Y T Q V C G C T M Q R X
 F Q W U V M H Z C L M N J Q J P U L F V L H U Q T I C D G N
 S W C T C N X T B I N F L A M M A T I O N E A C A P E L L A