

pūkorokoro- Airways

Newsletter of the College of Respiratory Nurses (NZNO)



Chairperson message

Kia ora koutou & Welcome to the May 2022 addition of airways. We in the committee hope that you had an enjoyable and healthy summer. If you had to isolate then we hope the experience of isolation enabled a more positive feeling of bonding with your family or whanau. We hope you were not too badly affected by the virus and hope you a speedy and complete recovery. If you remained COVID free then well done

I invite you to join us at our upcoming symposium, this year with a focus on bronchiectasis. This will be an online symposium only, so keep the date clear for Tuesday 6th September. We look forward to you joining us.

Winter is now upon us, and with it the time of flu vaccines. We ask you to remind and encourage those vulnerable members of the community to get their flu jab. The ministry of health has information about pharmacies offering flu jabs as well as links to its webpage about the importance of why vulnerable groups should be vaccinated. Health Navigator is an excellent site providing health information for the population on not just influenza but a wide variety of topics and is supported by both District Health Boards and professional organisations. Whilst there may be a degree of vaccine lethargy in the country the success of the COVID programme has shown how effective vaccines can be. So go out and encourage our community.

Good respiratory health is the right of all New Zealanders. In order to reach as many people in the country, we ask that you let your professional friends and colleagues know about the NZNO College of Respiratory Nurses. Whilst they may not work in the area of Respiratory care, as NZNO members they can join up to 3 of the colleges. Our website contains much information on guidelines and website which can help our nursing members both Respiratory and non- Respiratory to access up to date and high quality information.

Since our last newsletter the committee has still not met in person, but we are meeting regularly via zoom and look forward to coming together in September. We are immensely pleased to have Marilyn join us back on the committee to provide us with her strength and experience. We are positive about the year ahead and hope you join us in that positivity too.

Ngā mihi

Alan Shaw

Kia ora koutou

Malo e lelei

Talofa Lava

Ni sa bula Vinaka

Fakaalofa lahi atu

Malo ni

WELCOME TO MAY 2022 AIRWAYS NEWSLETTER

**The year is just flying
buy. Everyone across
the motu in
healthcare have
worked so hard
during the first half of
the year. Make sure
you take a break for
yourself and refresh.**

Our College is small but growing! Encourage your nursing colleagues, student nurses and enrolled nurses to join!



2022 Respiratory Symposium

- 6th September
- Online, New Zealand
- Registrations will be available shortly. Keep an eye on your emails
- Annual General Meeting will be held on the day

Conferences & Events

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

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

Sleep in Aotearoa – 12-13th May

Liverpool NIV Workshop – 14-15th May

TSANZ Nelson – 28-30th September

NZ Lung Cancer Conference – 30th-1st July

Useful Resources

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

Good Fellow [Webinars](#)

Lung Foundation Australia Patient Inhaler [Resources](#)

Identification of Severe Eosinophilic Asthma in Primary Care Module for Nurses [Link](#)

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

AGM & Symposium

The Respiratory College Symposium 2022 is on Bronchiectasis.

Please note this will be a Virtual Event Only

Registrations will be open from 30th May.

Register though this [link](#) or head to the College of Respiratory Nurses Webpage

Please note: the NZNO College of Respiratory Nurses Annual General Meeting will be held in conjunction with this symposium. It will be taken place during the lunch break from 12pm to 1pm. A Zoom link to this meeting will be sent to all College members.

Healthcare Worker Experience with COVID-19

A few weeks ago, I received a phone call from my GP at 10pm on a Saturday to confirm that my nasal swab showed that I was positive for COVID-19. By the time the confirmation came through, I was already pretty certain of the results since a family member had tested positive two days prior and I was symptomatic. It started with a sore lower back and headaches one evening (2 days after exposure), which I promptly dismissed as the beginning of period cramps. The next morning I had headache which evolved into a full body ache with complete lethargy and fever during the course of the day. I could feel that my sinuses were full and I went through an entire box of tissues in two days due to the runny nose. I was leaving my bed for about ten minutes at a time because that's how long I managed to stay upright. I would crawl back into bed and promptly fall asleep, which continued for those first few days. All this before I even had confirmation of my result!

I was already at the end of Day 3 of symptoms when the official results came through. I don't think I really processed that I had "COVID" until much later. In those few days it was basically about survival for me. My nursing background made me write down when I was having pain relief (paracetamol and ibuprofen) so that I wouldn't accidentally overdose myself because I was certainly not keeping track of time and I was sore all the time. I had little appetite for the first few days so thank goodness for the soup sachets. I had a horribly sore throat with painful swallows at the beginning which then progressed into a dry cough, both of which were relieved by cough lozenges. I had a recurrence of a low grade fever, sore throat and headaches around Day 8 but they resolved pretty quickly. I'm cleared to be back at work now but the fatigue has lingered. I still get headaches and I take more breaks from the screen. The path to recovery is slow but I am so grateful to be on the path anyway.

- Shareen Hanif, Nurse Educator, WDHB

TSANZ/ANZSRS

The TSANZ/ANZSRS have released preliminary guidance for pulmonary function testing (including spirometry) during SARS-CoV-2 outbreaks. Please use this [link](#) to review paper where they provide advice on the safe performance of pulmonary lung function testing during the New Zealand COVID-19 endemic.

The highly infectious Omicron strain of COVID-19 has increased the risk of COVID-19 infection. COVID-19 is transmitted by droplets and aerosols. Pulmonary lung function testing results in aerosols via manoeuvres or induced cough meaning the healthcare worker is in proximity to patients for an extended period.

Key messages from this review paper:

1. All patients should be screened for COVID-19 symptoms and exposure prior to testing. Testing should not be done if the patient is febrile, acute viral symptoms or are known or suspected positive
2. Healthcare workers performing pulmonary function testing should wear at minimum N95 masks and eyewear
3. Additional PPE may be required where higher levels of aerosol generation or cough are expected.
4. Inline filters should be used, however they do not eliminate aerosols
5. Pulmonary function testing should be performed in a single room, not a shared space
6. Room ventilation is essential to minimise persistent aerosol exposure. A minimum of six air changes is recommended in patient care areas and 12 air changes per hour are recommended for rooms where pulmonary lung function testing is done
7. In regions with a high prevalence of COVID-19 and/or workforce limitations, the number of pulmonary lung function testing performed should be minimised, considering those essential for clinical decision making

The Koira4Rukahukahu:Lungs4Life project began its life in Counties Manukau as a Health Equity project in Ko Awatea in 2017. The aim of the first project was the early identification and subsequent intervention for tamariki at higher risk of developing respiratory diseases particularly Bronchiectasis. This work continues to progress the original study's aspirations, and broadens the scope to consider the wider wellbeing of tamariki and preventable disease.

The aim of the Koira4Rukahukahu:Lungs4Life program is to reduce inequity in respiratory health outcomes for tamariki across the Northern region. Māori and Pasifika tamariki are disproportionately affected by Bronchiectasis and are also diagnosed later and with more severe disease than other international indigenous groups.

New Zealand research suggests that Koira4Rukahukahu:Lungs4Life tamariki also have higher rates of other preventable disease and should be prioritised along with their siblings and whānau to ensure they have access to all universal health services: primary, as well as secondary and tertiary care when required.

Tamariki admitted with a respiratory infection are screened and identified as Koira4Rukahukahu:Lungs4Life if they meet the criteria below;

Tamariki under the age of 2 years who have been admitted to hospital with a lower respiratory tract infection (bronchiolitis, bronchopneumonia, pneumonia and including pertussis):

Criteria needed to be designated as 'Koira4Rukahukahu:Lungs4Life'

- 3 or more admissions to the ward with lower respiratory tract infections (LRTI)
- High clinical risk as determined by senior medical officer (SMO)

Note that broadening of the inclusion criteria can be considered in the future as more evidence emerges for other at risk groups of tamariki

Eligible tamariki will be referred on discharge from hospital for a follow-up home visit at 30 days. Further reviews will occur at 3 months, one year, and two years following discharge, and at 5 years of age with additional reviews/referrals as needed. If the child is found to be symptomatic at any point appropriate intervention will be started and constant surveillance will be continued until symptom free.

Surveillance will deliberately not rely on the 'traditional Paediatric clinic attendance' model or the primary health 'symptomatic presentation' model. The follow up care plan is designed to prioritise nurse led, relationship-based, patient-centred care with flexibility in delivery.

Key messages will aim to reverse the normalisation of poor respiratory health and improve recognition of chronic cough. Consistent messaging will be delivered across health, education and NGO related settings.

For further information and details about the Koira4Rukahukahu:Lungs4Life programme please see the Starship Clinical Guidelines.

Impact of inhaler therapy of oral health

Higher dose and long duration inhaler therapy can be linked to dental caries, gingivitis, tooth decay and oral thrush.

Inhalers for asthma and COPD patients include an ingredient called beta-adrenergic agonist, that relaxes the muscles around their airways making it easier to breathe. Beta-adrenergic agonists have a slightly acidic content which can be harmful to the enamel of your teeth leaving the teeth susceptible to tooth decay. Beta-adrenergic agonists can also inhibit saliva production which can favour bacterial colonisation. Some inhalers are in a powdered form that contains lactose. When this sugary content stays on the teeth it can also cause tooth decay. Inhaled corticosteroids can have topical effects on the oral mucosa resulting in candidiasis, changes in taste and hoarse voice.

Recommend to your patients to rinse their mouth immediately with water around the teeth and gargle at the back of the throat, dental check ups every six months and promote oral hygiene.

Reference: [Link](#)



Coming Soon...

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

Better connect with Respiratory nurses across the motu, share resources and keep up to date.

Mindful Colouring

Take a break & just breathe

Ka Pai!

We would like to extend our thanks to all our 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

