









Hongihongi te rangi hou Smell the fresh air

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Background

It is acknowledged that an individual's response to their health condition is influenced by knowledge, cultural and social influences and level of self-efficacy. It is important for nurses to demonstrate a fundamental level of knowledge, competence and confidence supported by a Knowledge and Skills Framework (KSF).

The New Zealand Adult Respiratory Nursing KSF (henceforth called "Respiratory KSF") 2010 was developed to describe the knowledge and skills related to Registered Nurses caring for patients with commonly experienced respiratory conditions in the adult population, including chronic obstructive pulmonary disease (COPD), asthma, bronchiectasis and pneumonia.

The Respiratory KSF 2010 acknowledged the diversity of culture in the New Zealand setting. Morbidity, including rates of hospitalisation, is higher for Maori and Pacific than for non-Maori (*Ministry of Health*, 2005).

The Respiratory KSF is underpinned by the Nursing Council of New Zealand's (NCNZ) competency domains for the RN scope of practice and is linked to national and international guidelines.

The Respiratory KSF 2010 was endorsed by the Thoracic Society of Australia and New Zealand (TSANZ), the TSANZ Nurses Special Interest Group (SIG) NZ, NZNO and by the College of Nurses Aotearoa (NZ). The development group acknowledged the NZ Diabetes KSF (2009) as a guiding document. The Respiratory KSF 2010 was endorsed by the National Nursing Consortium.

Revision of the Respiratory Knowledge and Skills Framework

In 2015, representatives from the Respiratory Nurses Section NZNO and the TSANZ Nurses SIG (NZ) undertook to review the 2010 version to ensure that the Respiratory KSF was up to date and relevant to all nurses.

The reviewed document includes added patient outcomes, new and revised Aspects of Care, and updated reference guidelines.

Consultation for this Document

Consultation was widely sought for the 2016 document. Feedback was received from MidCentral DHB; Tu Kotahi Maori Asthma Trust; Auckland District Health Board; Aoteoroa College of Diabetes Nurses; Canbreathe; Southern DHB; Asthma Auckland; Asthma New Zealand; Hawkes Bay District Health Board; Capital & Coast District Health Board; Cardio-Respiratory Integrated Specialist Services Christchurch Hospital; Lakes DHB; Clinical Care and Resources Subcommittee (CCRS) of TSANZ.

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Levels of Practice

Competent (ALL Nurses)

ALL registered nurses (RN), regardless of their practice setting will have contact with individuals and families who have respiratory conditions and require competent knowledge and skills in respiratory nursing. They are expected to act as a resource within their practice setting to unregistered health care providers and individuals/families/whānau with respiratory conditions. In addition their practice should include: an awareness of local services to support individuals and families; have an ability to access local and national respiratory guidelines; be involved in quality activities, and be involved in the development of local guidelines and policies.

Proficient (MANY nurses)

MANY registered nurses require specialty knowledge and skills in respiratory nursing to enable them to care for individuals and families with respiratory conditions, specifically those who are at risk for disease progression and complications. Their practice will also include: assisting with the development/adjustment of clinical management/care plans; participate in, and where appropriate lead quality/service activities such as clinical audit; develop local guidelines and policies in the practice setting, as well as contributing to the development of national guidelines.

Expert (FEW nurses)

FEW registered nurses work as expert respiratory nurses. They require advanced knowledge and skills and care for those with complex and unpredictable health needs. Their practice includes: leading the development and adjustment of clinical management/care plans; encourage and role model best practice; demonstrate effective nursing leadership, management and consultancy; work across settings and within interdisciplinary environments; lead practice and service development; initiate and lead research activities; represent nursing at a strategic level of interdisciplinary planning; contribute locally, nationally, and globally to the development, implementation and evaluation of clinical guidelines in respiratory care.

NCNZ Domains of Practice (indicated by numbers

after each knowledge/skill statement)

Domain One – Professional Responsibility

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement, and being accountable for actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health.

Domain Two – Management of Nursing Care

This domain contains competencies related to assessment, and managing health consumer care, which is responsive to the consumers' needs, and which is supported by nursing knowledge and evidence-based research.

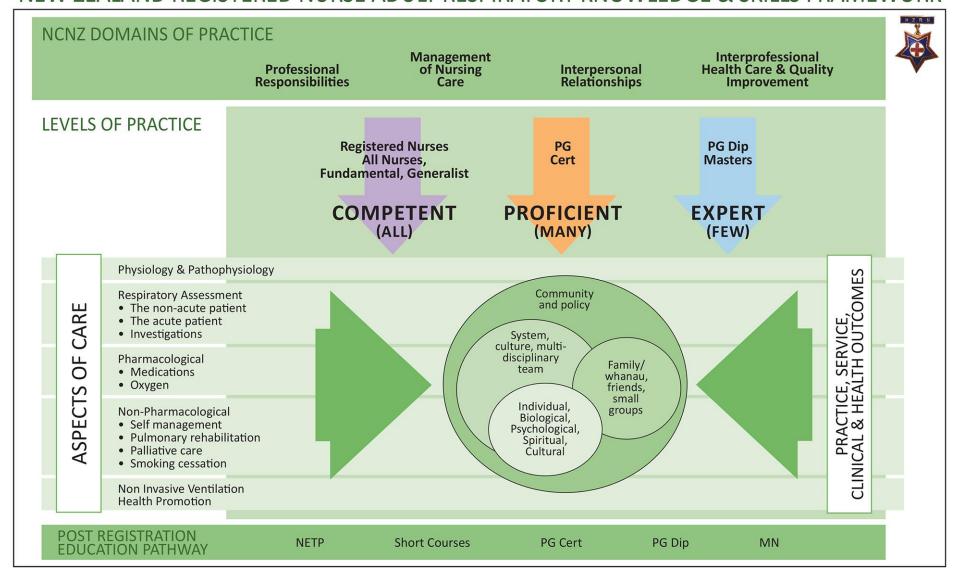
Domain Three – Interpersonal Relationships

This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff, and interprofessional communication and documentation.

Domain Four – Interprofessional Health Care & Quality Improvement

This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

NEW ZEALAND REGISTERED NURSE ADULT RESPIRATORY KNOWLEDGE & SKILLS FRAMEWORK



What are the Benefits of a Knowledge and Skills Framework?

- Assists in identifying and developing a range of clinical skills
- Seeks to reduce risk by establishing a minimum standard of nursing care
- · Provides guidance to employers for different levels of nursing practice
- Supports nurses progressing to advanced practice roles
- Provides reference points for planning educational programmes and clinical preparation in practice setting
- Provides a mechanism for nurses to measure health outcomes and effectiveness of practice
- Provides a mechanism for portfolio development for Professional Development Recognition Programmes and NCNZ requirements for ongoing registration
- Can inform curriculum development for undergraduate and post graduate registered nursing programmes.

How to Use the Respiratory Knowledge and Skills Framework

The following section has suggestions on how to get the most benefit from the Respiratory KSF. The nurse must demonstrate or provide evidence that their experiences, and knowledge and skills meet the identified level within the Respiratory KSF.

- Start at the competent (ALL) section before moving on to proficient (MANY) and expert (FEW) knowledge and skills as appropriate
- Complete self assessment to ascertain current knowledge and skill level and identify areas for development
- Meet with your clinical supervisor or mentor and determine the definitions of terms applicable to your practice
- Identify the types of evidence required for each Aspect of Care. This will be varied and may include direct observation; case reviews; providing education sessions; post graduate papers; evidence of self directed learning and demonstrating skills/knowledge learnt
- Develop a plan for your professional development relevant to your work place and the skills required. Identify barriers to your plan and discuss these with your clinical supervisor or mentor
- Develop a timeframe to achieve the required knowledge and skills in relation to your plan

Criteria for Clinical Competency Evaluation

Self Assessment Score

Self-assessment should be undertaken for each competency, using the below scoring system:

- 1 No previous experience
- 2 Experienced but needs review
- 3 Experienced
- 4 Can teach and help others to learn

The Bondy Assessment Tool (see next page)

Competency-based practice can be assessed using the Bondy Assessment Tool. Bondy placed particular emphasis upon the amount of supervision required to perform tasks. A variety of methods are utilized to assess learning outcomes, including demonstration of clinical competencies assessment and care planning, presentations in the form of case reviews, exemplars and reflection on practice. These activities assist the nurse to reflect on practice, develop new knowledge and plan their further development.

The following criteria are used for evaluating competency:

Standard of Procedure – looks at safety, accuracy and outcome

Quality of Performance – includes the use of time, space, equipment and expenditure of energy

Level of Assistance Required – includes supportive cues (eg "that's right", "keep going"), which don't change what the nurse is doing, or directive cues (eg prompting for missed assessment) which direct or correct the nurse

Five levels of competency are identified using a scale of 1-5:

Dependent, Marginal, Assisted, Supervised and Independent

Independent means meeting the criteria identified in each of the three areas above. *It does not mean without observation*, as the performance must be observed to be rated independently by someone other than the nurse carrying out the procedure.

The Bondy Assessment Tool

Scale Label	Score	Standard of Procedure	Quality of Performance	Level of Assistance Required
Independent	5	Safe Accurate Achieved intended outcome Behaviour is appropriate to outcome	Proficient Confident Expedient	No supporting cues required
Supervised	4	Safe Accurate Achieved intended outcome Behaviour is appropriate to outcome	Proficient Confident Reasonably expedient	Requires occasional supportive cues
Assisted	3	Safe Accurate Achieved most objectives for intended outcome Behaviour generally appropriate to context	Proficient throughout most of performance when assisted	Required frequent verbal and occasional physical directives in addition to supportive cues
Marginal	2	Safe only with guidance Not completely accurate Incomplete achievement of intended outcome	Unskilled Inefficient	Required continuous verbal and frequent physical directive cues
Dependent	1	Unsafe Unable to demonstrate behaviour Lack of insight into behaviour appropriate to context	Unskilled Unable to demonstrate behaviour and procedure	Required continuous verbal and physical directive cues
x	0	Not observed		
Recognition of Prior Learning	Certifications gained, demonstration, oral presentation, and/or challenge test may be used as evidence			

Source: Bondy, K.N. (1983). "Criterion-Referenced Definitions for Rating Scales in Clinical Evaluation. Journal of Nursing Education, 22(9), 376-382.

Who Can Assess the Nurse?

Assessment is part of the teaching and learning process, designed to assist the nurse to evaluate their own progress, facilitate feedback, assist with the identification of learning needs and establish that the nurse has achieved the required knowledge and skills. Therefore, it is recommended that the assessor evaluating the nurse against each competency is a registered nurse who has achieved a higher level on the Respiratory KSF, and has completed a recognised workplace assessor's course.

Definitions of Terms (These definitions are a guide for knowledge and skills in respiratory nursing. Select those relevant to your area of practice)

Pulmonary Anatomy and	Core Respiratory Conditions	Other Respiratory Conditions	Relevant Co-morbidities	Health History
Physiology	□ Asthma	□ Bronchiolitis	□ Anxiety, panic & depression	□ Cognitive/Psychosocial factors
□ Alveolar sacs	□ Bronchiectasis	☐ Cystic Fibrosis	☐ Breathing pattern disorder	□ Family/Social/Housing history
□ Normal respiratory breathing	□ Bronchitis	☐ Interstitial Lung Disease	□ Cardiac disease	□ Functional capacity
cycle	☐ Chronic Obstructive Pulmonary	□ Lung cancer	□ Cerebrovascular disease	☐ Medications & allergies
□ Pulmonary tree	Disease (COPD)	☐ Pleural effusion	□ Diabetes	□ Nutritional status
☐ Upper respiratory tract	□ Emphysema	□ Pneumothorax	☐ Gastro-oesophageal reflux	□ Occupational history
Dependent of the control of the cont	□ Pneumonia	□ Pulmonary embolism	□ Osteoporosis	□ Respiratory/Medical history
	- Theumoma	□ Tuberculosis	□ Renal disease	□ Sleep patterns
		- Tuberculosis	□ Sleep disordered breathing	□ Smoking status
			☐ Upper airways disease	□ Social supports
			☐ Cognitive impairment	□ Symptom history
				☐ Chest discomfort/Pain/Dyspnoea
Physical Assessment	Advanced Physical Assessment	Respiratory Medications	Other Medications	Over-The Counter/
□ Accessory muscle use	□ Adventitious breath sounds	□ Inhaled Corticosteroids	□ Antibiotics	Complementary Medications
□ Blood pressure	□ Anterior/posterior chest	□ Leukotriene Receptor	□ Antihistamines	□ Alternative therapies (including
☐ Breathing pattern	diameter	Antagonists	□ Immunotherapy	St John's Wort)
□ Heart rate	□ Cardiac assessment	☐ Short/Long-acting	□ Intra nasal sprays	□ Antihistamines
□ Pulse oximetry	☐ Girth measurement	Anticholinergic	□ Pseudo-ephedrine	□ Intra-nasal sprays
□ Normal/abnormal breath sounds	□ Neck circumference	☐ Short/Long-acting Beta agonists	☐ Smoking cessation medication	□ Mucolytics
□ Respiratory rate		□ Methylxanthines	□ Vaccines	□ Non-steroidal anti-inflammatory
□ Sputum		□ Oral steroids	□ Morphine	□ Rongoa
□ Weight/Height/BMI		□ Oxygen	_	□NRT
		,,,	,	
Common Diagnostic Tests	Other Diagnostic Tests	Assessment Tools	Evidence Based Guidelines	
□ Serial peak flow	□ Bone densitometry	☐ Asthma Control Test (ACT)	☐ Advanced Care Planning	
☐ Spirometry (Pre/Post)	☐ CT and High resolution CT	☐ Breathlessness scores	☐ Asthma and Peak flow	
☐ Pulse oximetry/Arterial/Venous	□ ECG	□ COPD Assessment Test (CAT)	□ Bronchiectasis	
blood gas	☐ Full Pulmonary Function Testing	□ Cognitive testing	□ Chronic cough	
☐ CRP/D Dimer/proBNP	☐ Sleep studies	☐ Depression/Anxiety Assessment		
☐ Electrolytes/Renal function	☐ Walking tests (6 minute walk	☐ Depression/Anxiety Assessment	□ Pneumonia	
□ Haematology profile	test, shuttle)	□ Peak flow	□ Pulmonary Rehabilitation	
☐ HbA1C/Iron studies		□ Pneumonia scores	□ Oxygen therapy	
☐ Liver function		□ Quality of Life scores	□ Sleep Apnoea	
□ Quantiferon		☐ Sleep Disorder Risk Assessments	☐ Smoking Cessation & NRT	
□ Sputum culture		□ Spirometry	□ Spirometry	
☐ Thyroid function		= Spirometry	□ Tuberculosis	
☐ Chest x-ray				

Competent (ALL Nurses)

Objective	Knowledge/Skill (NCNZ Domain)	Met	Not Met	Initial/ Date
Aspect of Care:	Demonstrate knowledge of <i>Pulmonary Anatomy and Physiology</i> (1,2)			
Physiology and Pathophysiology	Discuss the pathophysiology, and causes associated with Core Respiratory Conditions (1,2)			
	Discuss the causes, signs and symptoms associated with Core Respiratory Conditions (1,2)			
Aspect of Care:	Demonstrate an awareness of Evidence Based Guidelines for Core Respiratory Conditions (1,2,3,4)			
Respiratory Assessment of the	Undertake a comprehensive <i>Health History</i> using an appropriate nursing assessment framework, and identify risk factors associated with <i>Core Respiratory Conditions</i> (1,2,3,4)			
stable and acute patient, including investigations	Demonstrate awareness of patients' individual needs, including cognition, developmental stage and cultural affiliation. Demonstrate knowledge of Maori Models of Health or others as appropriate (1,2,3,4)			
investigations	Assess the knowledge base, health literacy and self-management capabilities of the client/whanau/family regarding their condition, perspective of diagnosis, and signs and symptoms as part of a <i>Comprehensive Health History</i> (1,2,3,4)			
	Discuss management options for environmental factors affecting Core Respiratory Conditions (1,2,3,4)			
	Demonstrate an understanding of <i>Relevant Co-morbidities</i> and their impact on <i>Core Respiratory Conditions</i> (1,2,3,4)			
	Demonstrate ability to undertake a competent <i>Physical Assessment</i> . Understand potential causes of abnormal findings (1,2,3,4)			
	Demonstrate competent <i>Physical Assessment</i> skills to identify signs of respiratory distress in <i>Core Respiratory Conditions</i> , taking into account the patient's usual stable state (1,2,3,4)			
	Demonstrate appropriate nursing intervention and prescribed treatment for the respiratory patient in acute respiratory distress, assess response and consult with wider health team as appropriate (1,2,3,4)			
	Discuss the role of spirometry in assessment, diagnosis and health monitoring and describe referral process. Discuss the limitations of spirometry (1,2,4)			

Objective	Knowledge/Skill (NCNZ Domain)	Met	Not Met	Initial/ Date
	If spirometry is part of the practice setting, discuss quality framework (infection control, calibration), and			
	demonstrate ability to perform a spirometry test with a client as per Evidence Based Guidelines, including			
	identifying factors contributing to poor test quality (1,2,4)			
	Understand the different purposes of peak flow recordings (including peak flow diaries for diagnosis,			
	monitoring and action plans; pre/post peak flows; measuring response to treatment), and normal variation as			
	per Evidence-Based Guidelines (1,2,4)			
	Demonstrate correct peak flow technique, and recognise poor effort and technique (1,2,4)			
	Discuss clinical rationale for Common Diagnostic Tests and Assessment Tools (1,2,4)			
	Demonstrate an understanding of the role of pulse oximetry, its uses, limitations and common errors (1,2)			
	Demonstrate understanding of the implications of Blood Gas results for oxygen prescription (1,2)			
	Demonstrate an understanding of the relationship between Core Respiratory Conditions and sleep (1,2)			
Aspect of Care:	Describe the classes of inhaled Respiratory Medications, and oral corticosteroids, and their intended effects,			
Pharmacological	clinical indications, side effects (1,2,3)			
Management	Discuss the recommendations regarding nebulisers versus spacers (1,2,3)			
	Demonstrate ability to assess clinical response to Respiratory Medications and Other Medications (1,2,3)			
	Demonstrate ability to teach, assess and review a patient using inhaled <i>Respiratory Medications</i> , including			
	technique, patient ability, patient preference, and appropriateness of device (1,2,3)			
	Demonstrate ability to recognise concordance/drug misuse relating to prescribed regimen (1,2,3)			
	Demonstrate awareness of impact of Rongoa/Over-The-Counter/Alternative Medication use and the associated risks (1,2,3)			
	Describe principles/indications/contraindications for the administration of acute and long-term oxygen therapy for <i>Core Respiratory Conditions</i> as per <i>Evidence Based Guidelines</i> (1,2)			
	Discuss the appropriate use of equipment in the administration of oxygen therapy (1,2)			
	Understand the clinical signs, symptoms and risks of hypoxia, hyperoxia and hypercapnia (1,2)			

Objective	Knowledge/Skill (NCNZ Domain)	Met	Not Met	Initial/ Date
Aspect of Care:	Demonstrate knowledge of non-pharmacological strategies to assist the patient with Core Respiratory			
Non-	Conditions to manage dyspnoea and related symptoms (1,2)			
Pharmacological	Demonstrate an awareness of the importance of education and individualised self-management plans for a			
Management	patient with a Core Respiratory Condition (1,2,4)			
	Demonstrate knowledge of the principles and benefits of pulmonary rehabilitation (1,2,3)			
	Understand the availability of local pulmonary rehabilitation programs and alternative options, and referral processes (1,2,3)			
Aspect of Care: Non-Invasive	Demonstrate an understanding of the different types of NIV therapy (CPAP, Bi-level, Adaptive servo-ventilator (ASV)), the reasons for use, and where to go for further support (1,2,3)			
Ventilation (NIV)	Demonstrate an understanding of the respiratory physiology during sleep and how this might impact on <i>Core</i>			
,	Respiratory Conditions (1,2,3)			
Aspect of Care: Health Promotion	Understand relationship between smoking behaviour (including marijuana and other illegal substances) and respiratory disease, and the beneficial effects of cessation (1,2)			
riealui Fiomolion	Discuss prevalence and patterns of smoking exposure in New Zealand, including among Maori and Pacific people (1,2)			
	Discuss importance of determining and documenting smoking status for all patients and families (1,2)			
	Discuss strategies to support quit attempts, including referral to support services as appropriate (1,2)			
	Undertake formal smoking cessation training program (1,2)			
	Discuss the role of spirometry in health screening (1,2)			
	Discuss the indications and contra-indications for the annual influenza and other vaccines in those with <i>Core</i>			
	Respiratory Conditions (1,2)			
	Understand the impact of environmental exposure including housing, home/work environment and socio-			
	economic factors on those with Core Respiratory Conditions (1)			

Proficient & Expert (MANY & FEW Nurses)

	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
		(MANY Registered Nurses)	(FEW Registered Nurses)	
Ası	To demonstrate	1. Demonstrate an in-depth knowledge of	1. Demonstrate an in-depth knowledge and	Р
рес	knowledge of pathophysiology relating	normal <i>Pulmonary Anatomy and Physiology</i> and the pathophysiology of <i>Core Respiratory</i>	comprehensive understanding of the anatomy, physiology and biochemistry of	Self Assessment Score:
Aspect of Care – Ph	to respiratory conditions	Conditions in acute and chronic phases (1,2)	respiratory systems as evidenced by completion of a post-graduate paper in physiology and pathophysiology (1,2)	Bondy Score: Evidence/Comments:
Physiology	Patient Outcome:			
ogy and Pathophysiology	The patient will receive appropriate care and information relating to their respiratory condition			Initial : Date:

	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
→		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect	To demonstrate clinical	1. Demonstrate the ability to take a focused	1. Complete a comprehensive, focused <i>Health</i>	
다 C	assessment of the patient	Health History, and demonstrate ability to	History, and demonstrate ability to provide	Self Assessment Score:
of C	to assess and determine	discuss potential differential diagnoses	differential diagnoses. Integrate any existing	
Care	patient risk status and health needs	related to <i>Core Respiratory Conditions</i> . Able to perform an assessment of a patient	Core, and Other Respiratory Conditions, and Relevant Co-morbidities to articulate clinical	Bondy Score:
Ī	nealth needs	presenting with symptoms of sleep	decision-making process (1,2,3,4)	Evidence/Comments:
고		disordered breathing. (1,2,3,4)	decision-making process (1,2,3,4)	·
esp		disordered breathing. (1,2,3,4)		
ira:				
Respiratory	Patient Outcome:			
	The patient will receive			
Sea	appropriate assessment			Initial : Date:
SSM	to enable			
nen	diagnosis/differential			
Assessment: The	diagnoses	2. Discuss environments and occupations	2. Demonstrate an in-depth understanding of	P E
he		commonly identified as risk factors for <i>Core</i>	environmental and occupational factors and	Self Assessment Score:
N _O		Respiratory Conditions, relating history to	their effect on lung pathology, initiating	Sell Assessment Score.
Non-Acute		current symptoms, and referring	further investigations and referral as	Bondy Score:
cut		appropriately (1,2,4)	appropriate (1,2,4)	Evidence/Comments:
e P				2 via emecy commenter
Patient				
ent				
				Initial : Date:

Objective	Proficient (NZNC Domain) (MANY Registered Nurses)	Expert (NZNC Domain) (FEW Registered Nurses)	Assessment
	3. Demonstrate the ability to undertake a <i>Physical Assessment</i> , identifying normal and abnormal findings (1,2,3,4)	3. Demonstrate the ability to undertake an Advanced Physical Assessment, interpreting normal and abnormal findings. Consider differential diagnoses, initiate further investigations and refer as appropriate. Evidenced by completion of a post-graduate advanced assessment paper (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
	4. Demonstrate the ability to access and utilise local, regional, national and international guidelines relating to <i>Core Respiratory Conditions</i> and treatments (pharmacological and non-pharmacological) (1,2,4)	4. Develop, contribute to, and promote local, regional, national and international guidelines relevant to <i>Core and Other Respiratory Conditions</i> . Utilises guidelines related to <i>Relevant Co-morbidities</i> (1,2,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

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➤	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
spe		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care – Respiratory Assessment: Th	To provide appropriate assessment, management and review of the respiratory patient when presenting acutely Patient Outcome: The patient will receive appropriate assessment, care, treatment and review when presenting acutely	1. Can identify assessment frameworks and best practice guidelines for <i>Core Respiratory Conditions</i> to assist with assessing and triaging of acuity (1,2,3,4)	1. Identify and use assessment frameworks and best practice guidelines for Core, and Other Respiratory Conditions in the assessing and triaging of acuity (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
The Acute Patient		2. Is able to discuss the presenting symptoms of a patient in respiratory distress due to <i>Core Respiratory Conditions</i> and appropriate treatments (pharmacological and non-pharmacological) (1,2,3,4)	2. Demonstrate the ability to assess the patient in respiratory distress and provide differential diagnoses for <i>Core and Other Respiratory Conditions</i> as well as <i>Relevant Comorbidities</i> . Recognises need for advanced care planning/palliative care, and initiates/refers as appropriate (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

T		

Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	3. Demonstrate the ability to assess response to intervention(s) and refer as appropriate (1,2,3,4)	3. Initiate treatment and referral as appropriate and is able to assess and evaluate the impact of the intervention(s) (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments:
	4. Demonstrate an awareness of the impact of an acute respiratory presentation on existing <i>Relevant Co-morbidities</i> and subsequent interventions (1,2,3,4)	4. Demonstrate the ability to assess the impact of an acute respiratory presentation on existing <i>Relevant Co-morbidities</i> and subsequent interventions including palliative care (1,2,3,4)	Initial: Date: P

Þ	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
spec		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care – Respiratory Assessment: Investigations	To use appropriate and safe investigations to assist diagnosis and assess respiratory status Patient Outcome: The patient will receive safe and appropriate respiratory investigations	1. Demonstrate understanding of spirometry results including FEV ₁ , FVC and the FEV ₁ /FVC ratio (normal, obstructive and restrictive patterns). Discuss how these relate to the Core Respiratory Conditions (1,2,3,4)	1. Demonstrate comprehensive understanding of spirometry results, and integrate findings into patient's <i>Health History</i> . If applicable to practice setting, demonstrate understanding of full pulmonary function test results (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
		2. If relevant to your practice, demonstrate ability to undertake spirometry testing as per competent knowledge and skills. Evidenced by undertaking accredited spirometry course (1,2,3,4)	2. As per Proficient (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

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Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	3.If undertaking spirometry as part of your practice, demonstrate understanding of the quality framework including infection control/calibration of spirometry testing equipment and identify factors which contribute to poor test quality (1,2,3,4)	3. As per Proficient (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
	4. Demonstrate appropriate initiation of/recommendation for <i>Common Diagnostic Tests and Assessment Tools</i> in response to <i>Physical Assessment</i> and <i>Health History</i> of patients, and discuss possible causes and appropriate response to abnormal results (1,2,3,4)	4. Demonstrate appropriate initiation of Common and Other Diagnostic Tests and Assessment Tools in response to Physical and Advanced Assessment and Health History. Understand potential effects of disease processes, medications and lifestyle behaviours. Initiate appropriate follow up and referrals in response to abnormal findings (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	5. Demonstrate knowledge of thoracic	5. Identify abnormal changes on chest x-ray,	P E
	anatomy landmarks on normal chest x-ray	and demonstrate appropriate management or	Self Assessment Score:
	(1,2,4)	follow-up in response to these changes or the	Sell Assessment Score.
		radiologist report (1,2,4)	Bondy Score:
			Evidence/Comments:
			Evidence, comments.
			Initial : Date:

Þ	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
spec		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care –Pharmacological Management: Medications	To safely administer and manage respiratory medications, and provide appropriate information and education Patient Outcome: Patient will receive appropriate medication, including assessment, information and education relating to	1. Demonstrate knowledge of classes and sub-classes of <i>Respiratory Medications</i> and their indications for prescribing within diagnostic groups, according to disease-specific treatment guidelines (1,2,4)	1. Successfully complete a post-graduate pharmacology paper, enabling articulation and integration into practice of the pharmacokinetics and pharmacodynamics of Respiratory and Other Medications (1,2,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
	their respiratory medications	2. Demonstrate and articulate an understanding of the effects, side effects, interactions, contra-indications, doses, modes of administration, monitoring parameters and any Special Authority requirements for <i>Respiratory Medications</i> (1,2,4)	2. Demonstrate and articulate a comprehensive understanding of the effect, side effects, interactions, contra-indications, doses, modes of administration, monitoring parameters and any Special Authority requirements for <i>Respiratory and Other Medications</i> (1,2,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	3. Describe the different delivery mechanisms for inhaled <i>Respiratory Medications</i> (including nebulisers), and discuss the advantages and disadvantages of each. Able to recommend the most appropriate device for a patient (1,2,4)	3. As per proficient (1,2,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
	4. Demonstrate ability to recognise non-concordance, drug misuse and possible inappropriate prescribing, and identify possible solutions in partnership with the patient and prescriber (1,2,3,4)	4. Recognise non-concordance, drug misuse and inappropriate prescribing, and identify solutions in partnership with the patient and prescriber. Demonstrate knowledge of processes to address identified drug misuse (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

OI	Objective	Proficient (NZNC Domain) (MANY Registered Nurses)	Expert (NZNC Domain) (FEW Registered Nurses)	Assessment
		5. Demonstrate assessment of patient/whanau and the social/cultural/financial influences which impact on their decision making behaviour related to medication use (1,2,3,4)	5. Demonstrate a comprehensive assessment of patient/whanau and the social/cultural/financial influences which impact on their decision making behaviour related to medication use. Develops strategies to address issues identified (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments:
				Initial : Date:
		6. Describe potential interactions of Respiratory Medications with other prescribed and Over-The Counter/ Complementary Medications (1,2,3,4)	6. Integrate a knowledge of <i>Respiratory Medications</i> , and potential interactions with other prescribed and <i>Over-The Counter/ Complementary Medications</i> to optimise and recommend medication adjustments appropriately Demonstrates knowledge of the impact of alcohol, nicotine and other substances on dose regimen and monitoring (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments:
				Initial : Date:

Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	7. Is aware of the use of Rongoa and <i>Over</i> -	7. Is aware of the use of Rongoa and <i>Over-The</i>	□P □E
	The Counter/Complementary Medications	Counter/Complementary Medications	Self Assessment Score:
	commonly utilised for respiratory conditions	commonly utilised for respiratory conditions,	Sell Assessment Score.
	(1,2,4)	and common interactions with prescribed	Bondy Score:
		medications (1,2,4)	Evidence/Comments:
			Evidence/comments.
			Initial : Date:

	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care –Pharmacological Management: Oxygen Therapy	To enable the safe administration and appropriate management of oxygen therapy, including assessment and education Patient Outcome: The patient will receive appropriate education and care to enable self management of oxygen therapy to an optimum standard.	1. Demonstrate an understanding of the principles of acute oxygen therapy, and long-term oxygen therapy in a patient with a Core Respiratory Condition as per Evidence Based Guidelines (1,2) 2. Demonstrate knowledge of the clinical signs, symptoms and outcomes of hypoxia, hyperoxia and hypercapnia (1,2)	1. Demonstrate an in-depth knowledge of the principles of acute and long-term oxygen therapy in a patient with a <i>Core or Other Respiratory Condition</i> as per <i>Evidence Based Guidelines</i> (1,2,4) 2. Demonstrates an in-depth knowledge of the clinical signs, symptoms and outcomes of hypoxia, hyperoxia and hypercapnia (1,2)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date: P Self Assessment Score: Bondy Score: Evidence/Comments:
herapy				Initial : Date:

Objective	Proficient (NZNC Domain) (MANY Registered Nurses)	Expert (NZNC Domain) (FEW Registered Nurses)	Assessment
	3. Demonstrate an understanding of the indications and contraindications for administration of both acute and long-term oxygen therapy (1,2)	3. Demonstrate an in-depth understanding of the indications and contraindications for administration of both acute and long-term oxygen therapy. Is able to articulate the inclusion criteria for long-term oxygen therapy in patients with <i>Core and Other Respiratory Conditions</i> (1,2)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
	4. Demonstrate the appropriate use and care of equipment in the provision of oxygen therapy. Identify potential risks and issues with equipment use and works in partnership with the patient to find solutions (1,2)	4. Demonstrate an in-depth knowledge of the appropriate use and care of equipment required in the provision of oxygen therapy including patient/whānau education. Is proactive in identifying potential issues with equipment use, and works in partnership with the patient to find solutions (1,2)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

As	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
pect		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care – Non-Pharmacological Management: Self Mar	To optimise self- management, minimise symptom load, and improve quality of life for a patient with a respiratory condition Patient Outcome: The patient will have access to information and education about non-pharmacological aspects of managing a respiratory condition	1. Demonstrate the utilisation of non-pharmacological strategies including breathing control/relaxation/sputum clearance, to assist the patient with a <i>Core Respiratory Condition</i> to manage dyspnoea and related symptoms (1,2,3,4) 2. Demonstrate an understanding of the importance of education and individualised self-management plans. Demonstrate the ability to develop a self-management plan for a patient with a <i>Core Respiratory</i> Condition (1,2,3,4)	1. Demonstrate advanced skills in the utilisation of non-pharmacological strategies to assist the patient with <i>Core, and Other Respiratory Conditions</i> to manage dyspnoea and related symptoms and incorporate these into a comprehensive self-management plan (1,2,3,4) 2. Demonstrate ability to create complex, individualised self-management plans for patients with <i>Core, and Other Respiratory Conditions</i> , and evaluate their effectiveness (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date: P
Self Management		Condition (1,2,3,4)		Evidence/Comments: Initial: Date:

		Terms in italics refer to headings in the 'Definitions of Terms' Table, page 1			
As	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment	
Aspect of		(MANY Registered Nurses)	(FEW Registered Nurses)		
of Care – Non Pharmacological:	To optimise self- management and improve quality of life for a patient with a respiratory condition through support and advocacy of Pulmonary Rehabilitation	1. Demonstrate a knowledge of pulmonary rehabilitation and understand the assessment process identifying possible reasons for inclusion and exclusion (1,2,3,4)	1.Demonstrate a comprehensive knowledge of pulmonary rehabilitation and provide appropriate assessment and referral to pulmonary rehabilitation programmes (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments:	
ological: Pulmonary Rehabilitation	Patient Outcome: The patient will have access to exercise and education, ideally in a Pulmonary Rehabilitation Program, to receive maximal support and improvement in quality of life			Initial : Date:	

Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	2. Participate and assist with provision and evaluation of pulmonary rehabilitation programmes in conjunction with the multi-disciplinary team (1,2,3,4)	2. Participate, lead, evaluate and further develop pulmonary rehabilitation programmes in conjunction with the multi-disciplinary team (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
	3. Promote pulmonary rehabilitation within the region, encouraging participation and referral, including alternatives if pulmonary rehabilitation is not available or suitable (1,2,3,4)	3. As per Proficient (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

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Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	4. Demonstrate a knowledge of physiotherapy and breathing exercises which may benefit those with <i>Core Respiratory Condition</i> (1,2,3,4)	4.Demonstrate a comprehensive knowledge of physiotherapy and breathing exercises which may benefit those with <i>Core and Other Respiratory Condition</i> (1,2,3,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

Terms in italics refer to headings in the 'Definitions of Terms' Table, page 13

	Assessment	
plete this aspect of f NIV is part of regular practice) able the safe nistration and opriate gement of non eve ventilation of the safe series as a series of the priate education of the priate education are to enable gement of non eve ventilation to an an aum standard.	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date: Self Assessment Score: Bondy Score: Bondy Score: Evidence/Comments:	
nistration and opriate gement of non twe ventilation P & Bi-level), ding assessment, ort and education at Outcome: atient will receive opriate education are to enable gement of non twe ventilation to an operation and education are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non twe ventilation to an operation are to enable gement of non the twentilation to an operation are to enable gement of non the twentilation to an operation are to enable gement of non the twentilation to an operation are the twentilation are the twentilation are the twentilation are twentilation are the twentilation are twentilation are the twentil	Initial: of the P E n non Bondy Score: Evidence/Comr	Date: It Score:

Objective	Proficient (NZNC Domain) (MANY Registered Nurses)	Expert (NZNC Domain) (FEW Registered Nurses)	Assessment
	3. Demonstrate the appropriate use and daily care of equipment in the provision of non invasive ventilation. Identify issues with equipment use and seeks appropriate solutions (1,2)	3. Demonstrate an in-depth knowledge of the appropriate use and daily care of equipment required in the provision of non invasive ventilation including patient/whanau education. Is proactive in identifying potential issues with equipment use, and work in partnership with the patient to find solutions (1,2)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
Asped		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care – Health Promotion	To optimise a healthy lifestyle for a patient with, or at risk of a respiratory condition Patient Outcome: The patient will receive appropriate advice and support to enable them to live a healthy lifestyle	1. Is able to articulate the Evidence Based Guidelines and relevant literature that supports the annual influenza and other vaccines in those with Core Respiratory Conditions (1,2)	1. Demonstrate an in-depth knowledge of the Evidence Based Guidelines and relevant literature that supports the annual influenza and other vaccines in those with Core and Other Respiratory Conditions. Is aware of funding/support available to patients that may not be eligible for funded vaccines through the NZ pharmaceutical schedule (1,2,4)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:
		2. Demonstrate the ability to assess the patient's environment (including home, work and other), identify and manage risks and refers appropriately for those with <i>Core Respiratory conditions</i> (1,2)	2. Demonstrate a comprehensive assessment of the patient's environment: (including home, work and other); identify and manage risks; identify relevant investigations and refers appropriately for those with <i>Core and Other Respiratory conditions</i> (1,2)	Self Assessment Score: Bondy Score: Evidence/Comments: Initial: Date:

Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
	(MANY Registered Nurses)	(FEW Registered Nurses)	
	3. Articulates Evidence Based Guidelines and relevant literature that supports the promotion of a healthy lifestyle through regular exercise in those with Core Respiratory Conditions Is able to identify situations where exercise may be contra-indicated (1,2,3)	3. Demonstrate an in-depth knowledge of the Evidence Based Guidelines and relevant literature that supports the promotion of a healthy lifestyle through regular exercise in those with Core Respiratory and other Conditions. (1,2)	Self Assessment Score: Bondy Score: Evidence/Comments:
			Initial : Date:
	4. Articulates Evidence Based Guidelines and relevant literature that supports a health lifestyle through a healthy diet and maintaining a healthy weight for those with Core Respiratory Conditions Identifies strategies/treatment options to increase or decrease weight and refer appropriately (1,2,3)	4. Demonstrate an in-depth knowledge of the Evidence Based Guidelines and relevant literature that supports a healthy lifestyle through a healthy diet and maintaining a healthy weight for those with Core Respiratory and Other Conditions (1,2,3)	Self Assessment Score: Bondy Score: Evidence/Comments:
			Initial : Date:

Supporting Guidelines and Literature

Advance Care	Advance Care Planning: A guide for	
Planning	the New Zealand health care	https://www.health.govt.nz/system/files/documents/publications/advance-care-planning-aug11.pdf
	workforce	
Asthma	GINA Report, 2014	http://www.ginasthma.org/local/uploads/files/GINA_Report_2014_Aug12.pdf
	Australian Asthma Handbook, 2014	http://www.asthmahandbook.org.au/
	British Guideline on the	https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-
	Management of Asthma, 2012	guideline-2014/
	NICE Quality Standards for Asthma, 2013	www.nice.org.uk/guidance/qs25/resources/guidance-quality-standard-for-asthma-pdf
Bronchiectasis	British Guideline for non-CF	https://www.brit-thoracic.org.uk/document-library/clinical-information/bronchiectasis/bts-guideline-
	Bronchiectasis, 2010	for-non-cf-bronchiectasis/
	Clinical Guideline for Chronic	
	Supperative Lung Disease and	http://www.thoracic.org.au/imagesDB/wysiwyg/BEposstatement 2014 revised TSANZ website v3 wr
	Bronchiectasis in Children and	FINAL.pdf
	Adults in Australia and New	FINAL.put
	Zealand, 2014	
Cardiovascular	Cardiovascular Risk Assessment and	
Risk	Diabetes Screening, 2012	https://www.health.govt.nz/publication/new-zealand-primary-care-handbook-2012
Assessment		
COPD	NICE COPD Guidelines, 2014	http://pathways.nice.org.uk/pathways/chronic-obstructive-pulmonary-disease
	Global Strategy for the Diagnosis,	
	Management and Prevention of	http://www.goldcopd.org/guidelines-global-strategy-for-diagnosis-management.html
	COPD, 2015	
	The COPD-X Plan: Australian and	
	New Zealand guidelines for the	http://copdx.org.au/
	management of COPD, 2014	

Cystic Fibrosis	Cystic Fibrosis Pulmonary	
	Guidelines: chronic medications for	http://www.atsjournals.org/doi/pdf/10.1164/rccm.200705-664OC
	maintenance of lung health, 2007	
	Standards of Care for Cystic Fibrosis	http://www.efaz.org.az/wa.content/walcode/Standard of Core N7 2011 adf
	in New Zealand, 2011	http://www.cfnz.org.nz/wp-content/uploads/Standard-of-Care-NZ-2011.pdf
	Cystic Fibrosis Pulmonary	
	Guidelines: treatment of pulmonary	http://www.atsjournals.org/doi/pdf/10.1164/rccm.200812-1845PP
	exacerbations, 2009	
Chronic Cough	CICADA: Cough in Children and	
	Adults: Diagnosis and Assessment.	https://www.mja.com.au/journal/2010/192/5/cicada-cough-children-and-adults-diagnosis-and-
	Australian cough guidelines	assessment-australian-cough
	summary statement., 2010	
	Recommendations for the	
	Management of Cough in Adults,	http://thorax.bmj.com/content/61/suppl_1/i1
	2006	
Oximetry	Clinical use of pulse oximetry:	http://www.thoracic.org.au/clinical-documents/command/download_file/id/34/filename/Pretto_et_al-
	Official guidelines from the	2014-Respirology.pdf
	Thoracic Society of Australia and	
	New Zealand 2014	
Oxygen	BTS Guideline for Emergency	https://www.brit-thoracic.org.uk/document-library/clinical-information/oxygen/emergency-oxygen-
Therapy	Oxygen use in Adult Patients, 2008	<u>use-in-adult-patients-guideline/</u>
	Adult Domiciliary Oxygen Therapy -	http://www.thoracic.org.au/imagesDB/wysiwyg/OxygenGuidelines March2014 FINAL.pdf
	Clinical Practice Guideline, 2014	intep.//www.thoracic.org.ad/imagesDb/wysiwyg/oxygenodidelines_iviarch2014_fitVAL.pdf
	Thoracic Society of Australia and	
	New Zealand Oxygen Guidelines for	http://onlinelibrary.wiley.com/doi/10.1111/resp.12620/pdf
	Acute Oxygen Use in Adults:	
	'Swimming between the flags' 2015	
Palliative Care	The Palliative Care Handbook.	
	Guidelines for Clinical Management	http://www.hospice.org.nz/cms_show_download.php?id=377
	and Symptom control 2012	

Peak Flow	Peak expiratory flow: conclusions and recommendations of a Working Party of the European Respiratory Society, 1997	http://www.spirxpert.com/ERSstatement.pdf
	Patient information: How to use a peak flow meter (Beyond the Basics), 2014	http://www.uptodate.com/contents/how-to-use-a-peak-flow-meter-beyond-the-basics
Pneumonia	Community Acquired Pneumonia in Adults, 2009	https://www.brit-thoracic.org.uk/guidelines-and-quality-standards/community-acquired-pneumonia-in-adults-guideline/annotated
Pulmonary Rehabilitation	British Thoracic Society Guideline on Pulmonary Rehabilitation, 2013 Pulmonary Rehabilitation Toolkit,	https://www.brit-thoracic.org.uk/document-library/clinical-information/pulmonary-rehabilitation/bts-guideline-for-pulmonary-rehabilitation/
	2013	http://www.pulmonaryrehab.com.au/index.asp?page=2
Sleep Apnoea	Management of Obstructive Sleep Apnoea/Hypopnoea Syndrome in Adults, 2003	http://www.sign.ac.uk/pdf/sign73.pdf
	Clinical Guideline for the Evaluation, Management and Long- term Care of Obstructive Sleep Apnoea in Adults, 2009	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699173/
Smoking Cessation	The New Zealand Guidelines for helping people to stop smoking, 2014	http://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking
	ABC For Smoking Cessation Quick Reference Card, 2014	https://www.pharmac.health.nz/assets/smoking-cessation-abc-quick-reference-card.pdf
Spirometry	Standardisation of Spirometry, 2005	http://www.thoracic.org/statements/resources/pft/PFT2.pdf
	Spirometry in Practice – a practical guide to using spirometry in primary care, 2005	https://www.brit-thoracic.org.uk/document-library/delivery-of-respiratory-care/spirometry/spirometry-in-practice/
Tuberculosis	Guidelines for Tuberculosis control in New Zealand 2010	www.health.govt.nz/publications/guidelines-tuberculosis-control-new-zealand-2010

Useful Websites

Advance Care Planning	http://www.advancecareplanning.org.nz/
The Thoracic Society of Australia and New Zealand (TSANZ)	http://www.thoracic.org.au/
The Asthma Foundation of New Zealand	http://asthmafoundation.org.nz/
Asthma New Zealand	http://www.asthma-nz.org.nz/
National Institute for Health and Care (NICE)	http://www.nice.org.uk/
The British Thoracic Society (BTS)	https://www.brit-thoracic.org.uk/
The European Respiratory Society (ERS)	http://www.ersnet.org/
The American Thoracic Society (ATS)	http://www.thoracic.org/
Up-To-Date	http://www.uptodate.com
The Cochrane Library	http://www.cochranelibrary.com/
The Best Practice Advocacy Centre (BPAC)	http://www.bpac.org.nz/
New Zealand Formulary	http://nzformulary.org/
NZNC RN Scope of Practice Competencies	http://www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Registered-nurse
NZNC Standards and Guidelines	http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses
Maori Health Strategy	http://www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy
Medsafe	http://medsafe.govt.nz/

Useful Publications

Breathing Dysfunction	ion Bradley, D. & Clifton-Smith, T. (2002). Breathing Works for Asthma. New Zealand: Tandem Press	
	Bradley, D. & Clifton-Smith, T. (2008). Managing your asthma using the Bradcliff Breathing Method: Dynamic breathing for	
	asthma. Random House: Auckland	
Health Literacy	Jones B, Ingham TR, Reid S, Davies C, Levack W, and Robson B. He Māramatanga Huangō: Asthma Health Literacy for Māori	
	Children in New Zealand, University of Otago, March 2015.	
Maori Health	Durie, M.H. (2001). Whaiora. Maori Health Development. Oxford University Press: Auckland	
	Gordon, M. (2002). Manual of Nursing Diagnosis (10th ed.) St Louis: Mosby	
	Pene, R. (1991). Te Wheke: A celebration of infinite wisdom. Ao ako Global Learning NZ	