









### **Contents**

Background	4	Aspect of Care – Physiology and Pathophysiology	18
Revision of the Respiratory Knowledge and Skills Framework	4	Aspect of Care – Respiratory Assessment: The Non-Acute Patient	19
Consultation for this Document	4	Aspect of Care – Respiratory Assessment: The Acute Patient	21
		Aspect of Care – Respiratory Assessment: Investigations	23
2010 Development Committee	5	Aspect of Care –Pharmacological Management: Medications	26
2019 Review Committee	5	Aspect of Care –Pharmacological Management: Oxygen Therapy	31
What the respiratory knowledge and skills framework is and what it is not	6	Aspect of Care – Non-Pharmacological Management: Self Management	: 32
What are the Benefits of a Knowledge and Skills Framework?	7	Aspect of Care – Non Pharmacological: Pulmonary Rehabilitation	33
Levels of Practice	9	Aspect of Care – Non Invasive Ventilation (NIV)	36
		Aspect of Care – Health Promotion	38
NCNZ Domains of Practice (indicated by numbers after each knowledge/skill statement)	10	Supporting Guidelines and Literature	40
Assessment Rating Scale (ARS)	12	Useful Websites	43
Definitions of Terms (Select those relevant to your area of practice for your assessment)	13	Useful Publications	44
Competent (ALL Nurses)	14		
Aspect of Care: Physiology and Pathophysiology	14		
Aspect of Care: Respiratory Assessment of the stable and acute patient including investigations	t, 14		
Aspect of Care: Pharmacological Management	15		
Aspect of Care: Non-Pharmacological Management	16		
Aspect of Care: Health Promotion	16		
Proficient & Expert (MANY & FEW Nurses)	18		

## **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, with funding from MidCentral District Health Board and the Thoracic Society of Australia and New Zealand, 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 Māori and Pacific than for non-Māori (*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 2019/2020, representatives from the Respiratory Nurses College NZNO and the TSANZ Nurses SIG (NZ) undertook to review the 2016 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 2020 document from, TSANZ, NZNO Respiratory College and membership, Asthma and Respiratory Foundation, Asthma New Zealand, District Health Boards.

## **2010 Development Committee**

Diana Hart; RN, MN, NP
Elly Grant; RN, PG Cert
Glenda Sullivan; RN, PG Cert
Glenys Martin; RN, PG Cert
Lorraine Forbes-Faulkner; RN, BN
Marina Lambert; RN, MN, NP
Meg Goodman; RN, BHSc, MN
Victoria Perry; RN, MN, NP

### **2016 Review Committee**

(The KSF underwent a major review in this year)

Betty Poot: RN, NP, BBS, MMHsc Nursing

Deborah Box; BN, RN, PG Cert Kirsten Lassey; BSc, BN, RN, MN

Liz Fellorhoff; RN, MN

Marina Lambert; RN, MN, NP Victoria Perry; RN, MN NP

### **2020 Review Committee**

Mary Gluyas; *RN, PG dip*Clinical nurse Specialist
Ashburton & Rural Health Services

Laura Campbell; RN, MN Clinical Nurse Specialist, Comprehensive Care PHO

Kirsten Lassey; *BSc, BN, RN, MN*Clinical Nurse Manager; Clinical Nurse Specialist,
Hutt Valley DHB

Susan Alexander; *RN, MN*Clinical Nurse Specialist,
Kenepuru Community Health Service

Maureen Trewin; RN, MN, Nurse Manager, Canterbury DHB

Sally Powell; RN, MN, NP Nurse Practitioner, Canterbury DHB

Sharon Hancock; RN, MN, NP Nurse Practitioner, MidCentral DHB

# What the respiratory knowledge and skills framework is and what it is not

#### A Standard:

- Is an agreed, repeatable way of doing something
- Helps to increase the reliability and effectiveness of the work we do
- Can be seen as a set of rules for ensuring quality

#### **Competencies are:**

- Observable behaviours that encompass the knowledge, skills attitudes, values and abilities required for effective work performance
- How knowledge and skills need to be applied to meet all of the competencies in that level

#### **Knowledge and Skills Framework:**

- Describes the knowledge and skills that healthcare professionals need to apply in their practice in order to deliver quality services
- Can assist in making the links between how individuals apply their knowledge and skills to their patient groups and how this relates to the needs of the team and the organisation they work in
- Is NOT a programme of learning learning programmes will be required, informed by the knowledge and skills framework, that will contribute to the more specific competencies and indicators required

# 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

- Start at the competent (ALL) section before moving on to proficient (MANY) and expert (FEW) knowledge and skills as appropriate. (Remember you only need to complete the sections relevant to your area of work)
- Identify the areas of practice and knowledge (from the definition of terms (page 13) applicable to your work. This could be discussed with your mentor/preceptor
- Complete self-assessment to ascertain current knowledge and skill level. Develop a plan for your professional development relevant to your work place and skills required, with your mentor/preceptor and agree on a time frame to complete
- It is the responsibility of the registered nurse to provide recognition of prior learning (RPL) evidence and identify how this relates to the RKSF.

  The following may be used as evidence to support the RPL process:
  - 1 The nurse's professional portfolio, as the portfolio highlights the nurse's past educational experiences and accomplishments, and provides evidence of knowledge and skills gained through prior learning and experiences
  - 2 Knowledge and skills in an identified area can be evaluated in a simulated setting by an assessor to evaluate specific knowledge and skills
  - 3 An interview assessment
  - 4 Validation from the assessor how the nurses care relates to the knowledge and skills described within the RKSF

## **Assessment**

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.

Ideally your assessor will be a health professional with relevant knowledge and skills in respiratory medicine that has completed a recognised workplace assessor or preceptor course. You may have different individuals assess you on different aspects of the framework.

It is recognised that you may not have access to a suitable assessor in the area in which you practice. This should not be a barrier to undertaking your own self-assessment and using the framework to enhance your own learning.

### **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 therefore 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; ability to access local and national respiratory guidelines; being involved in quality activities, and being 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; participating in, and where appropriate leading quality/service activities such as clinical audit; developing 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; encouraging and role modelling best practice; demonstrating effective nursing leadership, management and consultancy; working across settings and within interdisciplinary environments; leading practice and service development; initiating and leading research activities; representing nursing at a strategic level of interdisciplinary planning; contributing 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.

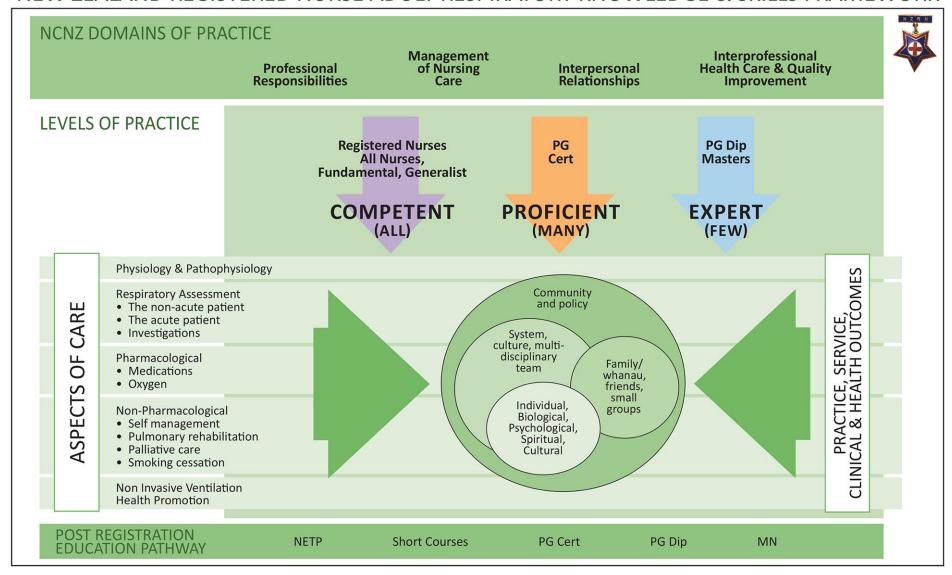
#### **Domain Three – Interpersonal Relationships**

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



## **Assessment Rating Scale (ARS)**

**NA = Not applicable.** The knowledge and skills within this aspect of care DO NOT apply to me in my current nursing practice.

**DEV = Developmental.** The knowledge and skill needs to be developed because I am NEW to this area of the speciality, or because I may wish to change or expand my professional role and responsibilities, or because I need to improve my knowledge, skills, attitudes and critical judgements.

**COM = Competent.** I have the knowledge, skills, attitudes and critical judgments to adequately meet all the requirements. I function independently, providing high quality nursing health services and patient/client care.

**MET:RTE** = **Requirement to Enhance.** Even though I am already competent, I would like to/need to further enhance my knowledge, skills, attitudes and critical judgements in this knowledge and skill to become excellent.

**EXC = Excellent.** I excel and have more than basic knowledge, skills, attitudes and critical judgments related to this area of knowledge and skill. I would be confident to mentor other nurses and nursing students in this knowledge and skill.

(Sourced from: learning.nurse.com)

# **Definitions of Terms** (Select those relevant to your area of practice for your assessment) (See glossary for acronym definitions)

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	☐ Cardiac/cerebrovascular disease	☐ Family/Social/Housing history
☐ Normal mechanics of ventilation	□ Bronchitis	☐ Interstitial Lung Disease	□ Obesity	☐ Functional capacity
and respiration	☐ Chronic Obstructive Pulmonary	□ Lung cancer	□ Diabetes	☐ Medications & allergies
□ Pulmonary tree	Disease (COPD)	☐ Pleural effusion	□ Gastro-oesophageal reflux	□ Nutritional status
☐ Upper respiratory tract	□ Emphysema	□ Pneumothorax	□ Osteoporosis	□ Occupational history
	□ Pneumonia	□ Pulmonary embolism	□ Renal disease	□ Respiratory/Medical history
		□ Tuberculosis	☐ Sleep disordered breathing	☐ Sleep patterns
		☐ Pulmonary hypertension	☐ Upper airways disease	□ Smoking/vaping/illicit drugs
		□ OSA	☐ Cognitive impairment	☐ Social supports
		□ OHS	□ VCD/ILO	☐ Symptom history
		☐ Breathing pattern disorder	_ : = ; := ;	□Chest discomfort/Pain
Physical Assessment	Advanced Physical Assessment	Respiratory Medications	Other Medications	Over-The Counter/ Complementary
☐ Accessory muscle use	□ Adventitious breath sounds	□ Inhaled Corticosteroids	□ Antibiotics	Medications
☐ Blood pressure	□ Anterior/posterior chest diameter	☐ Leukotriene Receptor Antagonists	□ Antihistamines	□ Alternative therapies
□ Breathing pattern	□ Cardiac assessment	☐ Short/Long-acting Anticholinergic	□ Immunotherapy	□ Antihistamines
□ Heart rate	□Chest drain assessment and	☐ Short/Long-acting Beta agonists	☐ Intra nasal sprays	□ Intra-nasal sprays
☐ Pulse oximetry	management	□ Methylxanthines	☐ Smoking cessation medication	□ Mucolytics
☐ Normal/abnormal breath sounds	□ tracheostomy assessment and	□ Oral steroids	□ Vaccines	□ Non-steroidal anti-inflammatory
☐ Respiratory rate	management	□ Oxygen	□ Morphine	☐ Rongoā (traditional Māori healing)
□ Sputum		□ human monoclonal antibodies	□ Anxiolytics	□ NRT
☐ Weight/Height/BMI/girth		(MABs)	☐ Saline/hypertonic saline	☐ smoking alternatives (eg vaping)
Common Diagnostic Tests	Other Diagnostic Tests	Assessment Tools e.g.	Evidence Based Guidelines	
□ Serial peak flow	□ Bone densitometry	☐ Asthma Control Test (ACT)	□ Advance Care Planning	
☐ Spirometry (Pre/Post)	□ CT	☐ Breathlessness scores	☐ Disease specific guidelines (see	
☐ Oximetry/ABG/VBG	□ ECG	□ COPD Assessment Test (CAT)	supporting guidelines page 40)	
☐ Relevant blood tests eg FBC,	☐ Full Pulmonary Function Testing	□ Cognitive testing	□ Pulmonary Rehabilitation	
U&E's, CRP, thyroid function, LFT's	☐ Sleep studies	□ Depression/Anxiety Assessment	□ Oxygen therapy	
☐ Alpha one anti-trypsin	☐ Walking tests (6 minute walk test,	□ Peak flow	☐ Smoking Cessation & NRT	
□ Quantiferon	shuttle)	□ Pneumonia scores	□ Spirometry	
□ Sputum culture	□ FENO	☐ Quality of Life scores		
☐ Chest x-ray	□ PET scan	☐ Sleep Disorder Risk Assessments		
	□ Bronchoscopy	□ Spirometry		

# **Competent (ALL Nurses)**

Objective	Knowledge/Skill (NCNZ Domain)	ARS	ARS	Initial/ Date
		Self	Mentor	
			score	
	Doministrato lucindos of Bulus anom Anatomo and Bhasis Iona * / Dominis 1.2)			
Aspect of Care:	Demonstrate knowledge of <b>Pulmonary Anatomy and Physiology *</b> ( Domain 1,2)			
Physiology and Pathophysiology	Discuss the pathophysiology, and causes associated with <b>Core Respiratory Conditions*</b> (Domain 1,2)			
	Discuss the causes, signs and symptoms associated with <b>Core Respiratory Conditions*</b> (Domain 1,2)			
Aspect of Care:	Demonstrate an awareness of <b>Evidence Based Guidelines*</b> for <b>Core Respiratory Conditions*</b> (Domain 1,2,3,4)			
Respiratory	Undertake a comprehensive <b>Health History*</b> using an appropriate nursing assessment framework, and			
Assessment of the stable and acute	identify risk factors associated with Core Respiratory Conditions* (Domain 1,2,3,4)			
patient, including	Demonstrate awareness of patients' individual needs, including cognition, developmental stage and cultural			
investigations	affiliation. Demonstrate knowledge of Maori Models of Health or others as appropriate (Domain 1,2,3,4)			
an conguneric	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 Comprehensive			
	Health History* (Domain 1,2,3,4)			
	Discuss management options for environmental factors affecting Core Respiratory Conditions* (Domain			
	1,2,3,4)			
	Demonstrate an understanding of Relevant Co-morbidities* and their impact on Core Respiratory			
	Conditions* (Domain 1,2,3,4)			
	Demonstrate ability to undertake a competent Physical Assessment*. Understand potential causes of			
	abnormal findings (Domain 1,2,3,4)			
	Demonstrate competent Physical Assessment* skills to identify signs of respiratory distress in Core			
	Respiratory Conditions*, taking into account the patient's usual stable state (Domain 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 (Domain 1,2,3,4)			

Objective	Knowledge/Skill (NCNZ Domain)	ARS Self	ARS Mentor score	Initial/ Date
	Discuss the role of spirometry in assessment, diagnosis and health monitoring and describe referral process.  Discuss the limitations of spirometry (Domain 1,2,4)			
	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 <b>Evidence Based Guidelines*</b> , including identifying factors contributing to poor test quality (Domain 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 <b>Evidence-Based Guidelines*</b> (Domain 1,2,4)			
	Demonstrate correct peak flow technique, and recognise poor effort and technique (Domain 1,2,4)			
	Discuss clinical rationale for <b>Common Diagnostic Tests*</b> and <b>Assessment Tools*</b> (Domain 1,2,4)  Demonstrate an understanding of the role of pulse oximetry, its uses, limitations and common errors (Domain			
	1,2)			
	Describe the difference between type 1 and 2 Respiratory failure and implications for oxygen prescription (Domain 1,2)			
	Demonstrate an understanding of the relationship between <b>Core Respiratory Conditions*</b> and sleep (Domain 1,2)			
Aspect of Care: Pharmacological	Describe the classes of inhaled <b>Respiratory Medications*</b> , and oral corticosteroids, and their intended effects, clinical indications, side effects (Domain 1,2,3)			
Management	Discuss the recommendations regarding nebulisers versus spacers (Domain 1,2,3)			
	Demonstrate ability to assess clinical response to <b>Respiratory Medications*</b> and <b>Other Medications*</b> (Domain 1,2,3)			
	Demonstrate ability to teach, assess and review a patient using inhaled <b>Respiratory Medications*</b> , including technique, patient ability, patient preference, and appropriateness of device (Domain 1,2,3)			
	Demonstrate ability to recognise concordance/drug misuse relating to prescribed regimen (Domain 1,2,3)			

Objective	Knowledge/Skill (NCNZ Domain)	ARS Self	ARS Mentor score	Initial/ Date
	Demonstrate awareness of impact of Rongoā/Over-The-Counter/Alternative Medication* use and the associated risks (Domain 1,2,3)			
	Describe principles/indications/contraindications for the administration of acute and long-term oxygen therapy for Core Respiratory Conditions* as per Evidence Based Guidelines* (Domain 1,2)			
	Discuss the appropriate use of equipment in the administration of oxygen therapy (Domain 1,2)			
	Understand the clinical signs, symptoms and risks of hypoxia, hyperoxia and hypercapnia (Domain 1,2)			
Aspect of Care:	Demonstrate knowledge of non-pharmacological strategies to assist the patient with <b>Core Respiratory Conditions*</b> to manage dyspnoea and related symptoms (Domain 1,2)			
Pharmacological Management	Demonstrate an awareness of the importance of education and individualised self-management plans for a patient with a <b>Core Respiratory Condition*</b> (Domain 1,2,4)			
C	Demonstrate knowledge of the criteria, components and benefits of pulmonary rehabilitation (Domain 1,2,3)			
	Demonstrates knowledge of the availability of local pulmonary rehabilitation programs, alternative options, and referral processes (Domain 1,2,3)			
Aspect of Care: Non-Invasive Ventilation (NIV)	Demonstrate an understanding of the different types of NIV therapy (CPAP, Bi-level, Adaptive servo-ventilator (ASV)), the reasons for use in both chronic and acute situations, and where to go for further support (Domain 1,2,3)			
,	Demonstrate an understanding of the respiratory physiology during sleep and how this might impact on <b>Core Respiratory Conditions*</b> (Domain 1,2,3)			
Aspect of Care: Health Promotion	Understand relationship between smoking behaviour (including marijuana and other illegal/harmful substances) and respiratory disease, and the beneficial effects of cessation (Domain 1,2)			
ricalar romotion	Discuss prevalence and patterns of smoking exposure in New Zealand, including among Māori and Pacific people (Domain 1,2)			
	Discuss importance of determining and documenting smoking status for all patients and families (Domain 1,2)			
	Discuss the prevalence and patterns of smoking alternatives eg vaping, sheisha, heat not burn tobacco (Domain 1,2)			

Objective	Knowledge/Skill (NCNZ Domain)	ARS	ARS	Initial/ Date
		Self	Mentor	
			score	
	Demonstrate understanding of MoH regulations around safety standards and sale of e-cigarettes, e-liquids or			
	other vaping products in New Zealand (domain 1)			
	Discuss strategies to support quit attempts, including referral to support services as appropriate (Domain 1,2)			
	Undertake formal smoking cessation training program (Domain 1,2)			
	Discuss the role of spirometry in health screening (Domain 1,2)			
	Discuss the indications and contra-indications for the annual influenza and other vaccines in those with <b>Core</b>			
	Respiratory conditions * (Domain 1,2)			
	Understand the impact of environmental exposure including housing, home/work environment and socio-			
	economic factors on those with Core Respiratory Conditions* (Domain 1)			

**Proficient & Expert (MANY & FEW Nurses)** 

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

	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
D		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care - Respiratory Assessment:	To demonstrate clinical assessment of the patient to assess and determine patient risk status and health needs  Patient Outcome:  The patient will receive appropriate assessment to enable diagnosis/differential diagnoses	1. Demonstrate the ability to take a focused Health History*, and demonstrate ability to discuss potential differential diagnoses related to Core Respiratory Conditions*.  Able to perform an assessment of a patient presenting with symptoms of sleep disordered breathing. (1,2,3,4)	1. Complete a comprehensive, focused <b>Health History</b> *, and demonstrate ability to provide differential diagnoses. Integrate any existing <b>Core</b> *, and <b>Other Respiratory Conditions</b> *, and <b>Relevant Co-morbidities</b> * to articulate clinical decision-making process (1,2,3,4)	Self Assessment Score:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:
nt: The Non-Acute Patient	ulagiloses	2. Discuss environments and occupations commonly identified as risk factors for <b>Core Respiratory Conditions*</b> , relating history to current symptoms, and referring appropriately (1,2,4)	2. Demonstrate an in-depth understanding of environmental and occupational factors and their effect on lung pathology, initiating further investigations and referral as appropriate (1,2,4)	Self Assessment Score:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:

Objective	Proficient (NZNC Domain) (MANY Registered Nurses)	Expert (NZNC Domain) (FEW Registered Nurses)	Assessment
	3. Demonstrate the ability to undertake a Physical Assessment*, 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:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:
	4. Demonstrate the ability to access and utilise local, regional, national and international guidelines relating to <b>Core Respiratory Conditions*</b> and treatments (pharmacological and non-pharmacological) (1,2,4)	4. Develop, contribute to, and promote local, regional, national and international guidelines relevant to Core* and Other Respiratory Conditions*. Utilises guidelines related to Relevant Co-morbidities* (1,2,4)	Self Assessment Score:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:

⊳	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
spe		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care – Respiratory Assessment: Ti	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 Core Respiratory Conditions* 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:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:
nt: The Acute Patient		2. Is able to discuss the presenting symptoms of a patient in respiratory distress due to Core Respiratory Conditions* and recommend 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 Core* and Other Respiratory Conditions*as well as Relevant Co-morbidities*. Initiates/recommends appropriate tests to confirm diagnosis. Recognises need for advanced care planning/palliative care, and initiates/refers as appropriate (1,2,3,4)	Self Assessment Score:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:

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/recommend 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:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:
	4. Demonstrate an awareness of the impact of an acute respiratory presentation on existing Relevant Co-morbidities* and subsequent interventions (1,2,3,4)	4. Demonstrate the ability to assess the impact of an acute respiratory presentation on existing <b>Relevant Co-morbidities*</b> and subsequent interventions including palliative care (1,2,3,4)	Self Assessment Score:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:

<del>≽</del>	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 <sub>1</sub> , FVC and the FEV <sub>1</sub> / FVC ratio (normal, obstructive and restrictive patterns). Discuss how these relate to the Core Respiratory Conditions* (1,2,3,4)  2. If relevant to your practice, demonstrate ability to undertake spirometry testing as per competent knowledge and skills. Evidenced by undertaking accredited spirometry training (1,2,3,4) and maintaining the requirements set out in the course.	1. Demonstrate comprehensive understanding of spirometry results, and integrate findings into patient's <b>Health History*</b> . If applicable to practice setting, demonstrate understanding of full pulmonary function test results (1,2,3,4)	Self Assessment Score:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:  P E Self Assessment Score:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:

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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:
	4. Demonstrate appropriate initiation of/recommendation for Common Diagnostic Tests* and Assessment Tools* in response to Physical Assessment* and Health History* 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:  Mentor Score(ARS):  Evidence/Comments:  Initial: Date:

\*Terms in  $\mathbf{Bold*}$  refer to headings in the 'Definitions of Terms' Table, page 13

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	
	(1,2,4)	follow-up in response to these changes or the	Self Assessment Score:
		radiologist report (1,2,4)	Mentor Score(ARS):
			Evidence/Comments:
			Initial : Date:

Þ	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
Aspect of		(MANY Registered Nurses)	(FEW Registered Nurses)	
ct of Care –Pharmacological Management: Medications	To safely administer and manage respiratory medications, and provide appropriate information and education  For RN/NP prescribers the expectation is that you will be managing medications at the Expert level	1. Demonstrate knowledge of classes and sub-classes of <b>Respiratory Medications*</b> 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 <b>Respiratory and Other Medications*</b> . Reviews and comments on national consultation documents about new medications/devices when opportunities arise. (1,2,4)	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:
	Patient Outcome:  Patient will receive appropriate medication, including assessment, information and education relating to 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 <b>Respiratory Medications</b> * (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 <b>Respiratory and Other Medications</b> *. Understands the process of reporting medication concerns eg CARM. (1,2,4)	Self Assessment Score:  Mentor Score (ARS):  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 <b>Respiratory Medications*</b> (including nebulisers), and discuss the advantages and disadvantages of each. Able to recommend the most appropriate device in partnership with the patient (1,2,3,4)	3. As per proficient (1,2,4)	Self Assessment Score:  Mentor Score (ARS):  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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:

Objective	Proficient (NZNC Domain) (MANY Registered Nurses)	Expert (NZNC Domain) (FEW Registered Nurses)	Assessment
	5. Demonstrate assessment of patient/whānau 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/whānau 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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:
	6. Describe potential interactions of Respiratory Medications* with other prescribed and Over-The Counter/ Complementary Medications /Rongoā* (1,2,3,4)	6. Integrate a knowledge of Respiratory Medications*, and potential interactions with other prescribed and Over-The Counter/ Complementary Medications /Rongoā* 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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:

0 8	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
Aspect of Oxygen		(MANY Registered Nurses)	(FEW Registered Nurses)	
st of Care –Pharmacological en Therapy	To enable the safe administration and appropriate management of oxygen therapy, including assessment and education  Patient Outcome	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)	1. Demonstrate an in-depth knowledge of the principles of acute and long-term oxygen therapy in a patient with a Core or Other Respiratory Condition* as per Evidence Based Guidelines* (1,2,4)	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:
Management:	The patient will receive appropriate education and care to enable self - management of oxygen therapy to an optimum standard.			Initial: Date:

2. Demonstrate knowledge of the clinical signs, symptoms and outcomes of hypoxia, hyperoxia and hypercapnia. Can discuss the difference between type 1 and 2respiratory failure and implications (1,2)	2. Demonstrates an in-depth knowledge of the clinical signs, symptoms and outcomes of hypoxia, hyperoxia and hypercapnia (1,2). Can interpret type 1 and 2 respiratory failure and the implications of arterial blood gas results on management.  Able to verbalise the limitations of venous blood gas results.	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:
		Initial: Date:

As	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
pec		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care –Pharmacological Management: Oxygen Therapy		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 and exclusion criteria for long-term oxygen therapy in patients with Core and Other Respiratory Conditions* (1,2)	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:
	Objective	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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:

As	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
Aspect of		(MANY Registered Nurses)	(FEW Registered Nurses)	
t of Care – Non-Pharmacological Management: Self Management	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 Core Respiratory Condition* to manage dyspnoea and related symptoms (1,2,3,4)	1. Demonstrate advanced skills in the utilisation of non-pharmacological strategies to assist the patient with Core, and Other Respiratory Conditions* to manage dyspnoea and related symptoms and incorporate these into a comprehensive self-management plan (1,2,3,4)	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:
		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 Core Respiratory Condition*(1,2,3,4)	2. Demonstrate ability to create complex, individualised self-management plans for patients with Core, and Other Respiratory Conditions*, and evaluate their effectiveness (1,2,3,4)	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:

		*Terms in <b>bold*</b> refer to head	lings in the 'Definitions of Terms' Table, page 1	
As	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
Aspect		(MANY Registered Nurses)	(FEW Registered Nurses)	
ect of Care – Non Pharmacological: Pulmonary Rehabilitation	To optimise self- management and improve quality of life for a patient with a respiratory condition through support and advocacy of 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	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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:
ation	of life			

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:  Mentor Score (ARS):  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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:

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 Core Respiratory Condition* (1,2,3,4)	4.Demonstrate a comprehensive knowledge of physiotherapy and breathing exercises which may benefit those with Core and Other Respiratory Condition* (1,2,3,4)	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:

⊳	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
spe		(MANY Registered Nurses)	(FEW Registered Nurses)	
Aspect of Care – Non Invasive Ventilation (NIV)	(Complete this aspect of care if NIV is part of your regular practice)  To enable the safe administration and appropriate management of non invasive ventilation (CPAP & Bi-level), including assessment, support and education  Patient Outcome:  The patient will receive appropriate education and care to enable management of non invasive ventilation to an optimum standard.	1. Demonstrate knowledge of the clinical signs, symptoms and outcomes of type 1 & 2 respiratory failure related to Core Respiratory Conditions* that require non-invasive ventilation (1,2)  2. Demonstrate an understanding of the indications and contraindications for administration of both acute and long-term non-invasive ventilation (1,2)	1. Demonstrate an in-depth knowledge of the clinical signs, symptoms and outcomes of type 1 & 2 respiratory failure related Core or Other Respiratory Conditions* that require non-invasive ventilation (1,2)  2. Demonstrate an in-depth understanding of the indications and contraindications for administration of both acute and long-term non invasive ventilation. Is able to articulate the inclusion criteria for long-term non invasive ventilation in patients with Core and Other Respiratory Conditions* (1,2)	Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:  Self Assessment Score:  Mentor Score (ARS):  Evidence/Comments:
				Initial: Date:

\*Terms in **Bold\*** refer to headings in the 'Definitions of Terms' Table, page 13

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:  Mentor Score (ARS):  Evidence/Comments:  Initial: Date:

	Objective	Proficient (NZNC Domain)	Expert (NZNC Domain)	Assessment
Aspect of Care – Health Promotion		(MANY Registered Nurses)	(FEW Registered Nurses)	
	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)	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 Demonstrates an in-depth knowledge of the funded vaccines for special groups as they apply (1,2,4)	Self Assessment Score:  Mentor Score (ARS):  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 Core Respiratory conditions* (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 Core and Other Respiratory conditions* (1,2)	Self Assessment Score:  Mentor Score (ARS):  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)	P E Self Assessment Score: Mentor Score (ARS): Evidence/Comments:
	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)	Initial: Date:  P Self Assessment Score:  Mentor Score (ARS):  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 (search for 'advance care planning')
	workforce	
Asthma	GINA Report	http://www.ginasthma.org
	Australian Asthma Handbook	http://www.asthmahandbook.org.au
	British Guideline on the	https://www.hrit.thorasis.org.uk /soarch for 'Pritish Guidoling on the Management of Asthma')
	Management of Asthma	https://www.brit-thoracic.org.uk (search for 'British Guideline on the Management of Asthma')
	NICE Quality Standards for Asthma	https://www.nice.org.uk (Search for 'asthma')
		www.nzasthmaguidelines.co.nz
	NZ asthma guidelines	
Bronchiectasis	British Guideline for non-CF	https://www.brit-thoracic.org.uk (search for 'British Guideline for non-CF Bronchiectasis')
	Bronchiectasis	ittps://www.bitt-tiloracic.org.uk (search for British Guideline for Hon-CF Bronchiectasis )
	Clinical Guideline for Chronic	
	Suppurative Lung Disease and	http://www.thoracic.org.au (search for 'bronchiectasis in children and adults'. NB: newer articles may
	Bronchiectasis in Children and	not be at the top)
	Adults in Australia and New Zealand	
Cardiovascular	Cardiovascular Risk Assessment and	
Risk	Diabetes Screening	https://www.health.govt.nz (search for 'Cardiovascular Disease Risk Assessment')
Assessment		
COPD	NICE COPD Guidelines	https://www.nice.org.uk/ (search for 'COPD')
	Global Strategy for the Diagnosis,	
	Management and Prevention of	http://www.goldcopd.org
	COPD	
	The COPD-X Plan: Australian and	
	New Zealand guidelines for the	https://copdx.org.au
	management of COPD	

Cystic Fibrosis	Standards of Care for Cystic Fibrosis	https://www.thoracic.org.au/journal-
	in New Zealand, 2015	publishing/command/download_file/id/16/filename/ANZ_NURSING_SOC_CF_2015.pdf
	ECFS Best Practice guidelines: the	
	2018 Revision	https://www.cysticfibrosisjournal.com/article/S1569-1993(18)30029-8/pdf
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	
	ERS Guidelines for Chronic Cough in	https://exicarsic.com.ele.com/content/exidecom/2010/00/02/12002002-01126-2010-full-rulf
	Adults and Children 2019	https://erj.ersjournals.com/content/erj/early/2019/09/02/13993003.01136-2019.full.pdf
Interstitial Lung	ATS guidelines on interstitial lung	
Disease	disease	https://www.thoracic.org/statements/insterstitial-lung-disease.php
	Lung foundation Australia –	https://lungfoundation.com.au/patients-carers/living-with-a-lung-disease/other-lung-
	interstitial lung diseases	conditions/interstitial-rare-lung-diseases/
	Interstitial lung disease guideline:	
	BTS, TSANZ 2008	https://thorax.bmj.com/content/thoraxjnl/63/Suppl_5/v1.full.pdf
Oximetry	Clinical use of pulse oximetry:	The Harmonian Country of the Country
	Official guidelines from the	http://www.thoracic.org.au (search for 'clinical use of pulse oximetry')
	Thoracic Society of Australia and	
	New Zealand	
Oxygen	BTS Guideline for Oxygen Use in	https://www.hrit.theresis.org.uk/seersh.fer/Cuideline.fer.ovygen.use.in.healtheare/
Therapy	Healthcare and Emergency Settings	https://www.brit-thoracic.org.uk (search for 'Guideline for oxygen use in healthcare')
1 7	Adult Domiciliary Oxygen Therapy -	http://www.thorosic.org.gu /soorgh for 'adult demiciliary ovugan thorony')
	Clinical Practice Guideline	http://www.thoracic.org.au (search for 'adult domiciliary oxygen therapy')
	Thoracic Society of Australia and	
	New Zealand Oxygen Guidelines for	http://www.thoracic.org.au.(coarch for 'ayugan guidelines for acute ayugan usa')
	Acute Oxygen Use in Adults:	http://www.thoracic.org.au (search for 'oxygen guidelines for acute oxygen use')
	'Swimming between the flags'	
Palliative Care	The Palliative Care Handbook.	
	Guidelines for Clinical Management	http://www.hospice.org.nz_(search for 'palliative care handbook')
	and Symptom control	

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)	http://www.uptodate.com (search 'how to use a peak flow meter')
BTS pleural disease guidelines	https://thorax.bmj.com/content/65/Suppl 2/ii4.short
Adult Community Acquired Pneumonia	https://www.brit-thoracic.org.uk (search 'adult community acquired pneumonia')
British Thoracic Society Guideline on Pulmonary Rehabilitation  Pulmonary Rehabilitation Toolkit	https://www.brit-thoracic.org.uk (search 'pulmonary rehabilitation') https://pulmonaryrehab.com.au/
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/
The New Zealand Guidelines for helping people to stop smoking, 2014	http://www.health.govt.nz (search for 'helping people to stop smoking')
ABC For Smoking Cessation Quick Reference Card, 2014	https://www.pharmac.health.nz (search for 'ABC for smoking cessation')
Spirometry in Practice – a quick reference guide	https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/spirometry-quick-reference-guide
Spirometry handbook NAC Standardisation of spirometry 2019	https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/spirometry-handbook https://www.atsjournals.org/doi/pdf/10.1164/rccm.201908-1590ST
	and recommendations of a Working Party of the European Respiratory Society, 1997  Patient information: How to use a peak flow meter (Beyond the Basics)  BTS pleural disease guidelines  Adult Community Acquired Pneumonia  British Thoracic Society Guideline on Pulmonary Rehabilitation  Pulmonary Rehabilitation Toolkit  Clinical Guideline for the Evaluation, Management and Longterm Care of Obstructive Sleep Apnoea in Adults, 2009  The New Zealand Guidelines for helping people to stop smoking, 2014  ABC For Smoking Cessation Quick Reference Card, 2014  Spirometry in Practice – a quick reference guide  Spirometry handbook NAC

Tuberculosis	Guidelines for Tuberculosis control in New Zealand 2010	www.health.govt.nz (search for 'Guidelines for tuberculosis control')
Vocal Cord Dysfunction	Joint Statement ERS/ATS 2017	https://erj.ersjournals.com/content/50/3/1602221.long

## **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

Māori Health Strategy	http://www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy
Medsafe	http://medsafe.govt.nz/
Bronchiectasis toolbox	https://bronchiectasis.com.au/bronchiectasis
Inhaler technique videos	https://www.nationalasthma.org.au/living-with-asthma/how-to-videos
	https://www.asthma.org.uk/advice/inhaler-videos/
Ministry of Health –Pandemic planning	https://www.health.govt.nz/

## **Useful Publications**

Breathing Dysfunction	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 f			
	in New Zealand, University of Otago, March 2015.		
Māori Health	Durie, M.H. (2001). Whaiora. Māori 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		

# **Abbreviations glossary**

VCD	Vocal cord dysfunction
ILO	Inducible laryngeal obstruction
OSA	Obstructive sleep apnoea
OHS	Obesity hyperventilation syndrome
CARM	The Centre for Adverse Reactions Monitoring
ABG	Arterial blood gas
VBG	Venous blood gas
FBC	Full blood count
U&E's	Urea and electrolytes
CRP	C-reactive protein
LFT's	Liver function tests
СТ	Computed tomography
ECG	Electrocardiogram
FeNO	Fractional concentration of exhaled nitric oxide
PET scan	Positron emission tomography scan