AIRWAYS

Newsletter of the College of Respiratory Nurses (NZNO)

March 2017

College of Respiratory Nurses NZNO

Hongihongi te rangi hou

Smell the fresh air

Inside this Issue:

Note from the Chairperson

Kia ora koutou katoa.

This edition of AIRWAYS is both a celebration and an honour. On Wednesday 15 February 2017 the Respiratory Nurses Section of NZNO, was formally approved to move to College status. We are now called the College of Respiratory Nurses, NZNO. This is a huge achievement, and has involved a massive commitment and extremely hard work from very dedicated former and current committee members. Please take the time to read our professional nurse advisors report on this announcement, as it provides some valuable insight into the process around such an achievement. I am sure you have already noticed the new logo, which reflects our new status! A huge thank you and recognition in driving this process needs to go to our past Chairperson, Betty Poot; Professional Nursing Adviser Lorraine Ritchie, and to our current Professional Nursing Adviser, Annie Bradley-Ingle.

It is with much sadness and regret that our Chairperson, Louise Weatherall has resigned due to a health issue. Louise has worked tirelessly during her time on the committee and showed outstanding leadership skills. We will all miss Louise's wonderful expertise and professionalism immensely, along with her warm smile and kind words; always of support and enthusiasm. We thank Louise for her huge contribution and especially in the role she played in moving to College status.

With some trepidation I have assumed the role of Chairperson and will strive to maintain the high standards my predecessors have set. Any new position brings with it a huge learning curve and it is a great honour in undertaking such a responsibility.

We welcome Marilyn Dyer from the far North and Eileen Hall from the Hawkes Bay who have been seconded onto the committee. Currently we have one other space to fill on the committee and seek as wide a representation from around the country as possible. **Please** give some consideration to joining the committee. Contact details of the current members are at the back of AIRWAYS. Feel free to contact any committee member to discuss what is involved. All expressions of interest are welcomed, and we will support you through the process.

Moving to College status also reflects the high achievements of Respiratory nurses. Michelle Hopley describes her journey from a Respiratory Clinical Nurse Specialist to being a RN Designated Prescriber within Primary Health and Speciality teams. Michelle outlines the demographics and challenges she has faced along the way in her involvement with patients with not only a chronic respiratory condition, but also patients with long term conditions.

Posters are a valuable educational tool, and this edition provides some excellent examples of this mode of delivery.

Check the dates in this edition for conferences, seminars and courses. Also please go onto our updated **College of Respiratory Nurses, NZNO** website:
http://www.nzno.org.nz/groups/colleges-sections/college
The committee is committed to updating this regularly to provide on-going relevant information. Any feedback is appreciated, so please do not hesitate to contact anyone on the committee with comments.

Finally, we should all be proud of our new status. It is a timely acknowledgement of all the hard work that everyone out there is achieving. Please continue to invite others who you work with to join the College, so that we can provide a voice that truly reflects our members.

'Hongihongi te rangi hou'
'Smell the fresh air'

Mary Gluyas
Chairperson
College of Respiratory Nurses NZNO.

Left to Right:
Mary Gluyas, Sharon Hancock, Betty Poot, Louise Weatherall, Carol George

Respiratory Nurses Section NZNO
Annual General Meeting, Chairperson's Report

Louise Weatherall, RN, Outgoing Chair

Kia ora koutou katoa. I am pleased to present the Chairperson's report of the Respiratory Nurses Section NZNO 2017 AGM. We have reached the finishing post to becoming a College and I wish to acknowledge all the work and commitment of the current committee members and previous committee members who have made it possible.

At the AGM of March 2016 a committee of old and new members was established to continue the positive progress of a truly dynamic and innovative Section (at that time) to represent respiratory nurses all over Aotearoa New Zealand. Since the last AGM we have welcomed Mary Gluyas, Erin Morris, Carol George and Laura Campbell as elected committee members. They joined existing members Chris Rothman, Michelle Hopley, Sharon Hancock and Louise Weatherall. The committee is supported by NZNO Professional Nurse Advisor Annie Bradley Ingle. The committee acknowledges the huge effort Annie has made to support our activities but especially her contribution to the application to gain College status.

The first face to face meeting of 2016 with new committee members was in June 2016. Members of the committee have been enthusiastic to take on new roles and responsibilities and this is reflected in the positive work produced since early last year.

At this year's AGM we put forward a remit amendment to ensure student nurses in their first year of study and who do not pay an NZNO membership fee, are able to join the College. This is in line with a decision made by members at the NZNO AGM 2016. We believe it is crucial for the future planning of respiratory nursing interests that we can encourage and support new nurses in this dynamic field of nursing.

We have been successful in publishing "Airways" three times per year and strive to make it interesting and informative for all readers. The newsletter reflects the wide and varied experience of respiratory nursing practice and is always a worthwhile read. Michelle Hopley has been tireless in her contribution as current editor to ensure articles are interesting, relevant and informative. She has been ably supported by Erin Morris as co-editor.

Mary Gluyas took on the role of preparing submissions on behalf of our members. This entails receiving large numbers of requests from Government working parties, the Ministry of Health, Nursing Council and other organisations and to provide comments and suggestions. The work load can be onerous at times, but Mary has worked tirelessly to ensure all material was read and appropriate action taken if necessary.

Our financial status is good and Sharon Hancock has done a great job keeping everything in check and ensuring we meet NZNO requirements. I would like to thank Sharon on behalf of the committee for her hard work.

Laura Campbell has been working hard behind the scenes to improve the layout and information on our website. Changes will happen soon to reflect the work of the College and improve communication with members.

Our next symposium will be based in Wellington in 2018. Carol George is coordinating the sub-committee of Robyn Ingleton and Abby Kingston-Bourke. Plans are progressing well and we look forward to seeing our members at this event next year. It will be informative and include a wide range of respiratory issues. Thank you to the symposium sub-committee for your efforts.

Committee members who stood down at this year's AGM were Erin Morris and Chris Rothman. Peter Cole resigned earlier in 2016. A huge thank you to all, but a special mention to Chris Rothman who has been a dedicated Secretary and kept us all informed of upcoming meetings and ensuring we have the correct paperwork and information. I have also resigned and wish to thank my committee colleagues for their friendship and support.

Mary Gluyas is the new Chair of the Section and will be well supported by a truly hard working and innovative committee. Also joining the committee at the AGM was Marilyn Dyer.

On behalf of the 2016 committee my sincere thanks to you all. There would be no College without feedback and contributions from our members. Please remember your elected committee is here to help and support you in any way we can.

Congratulations to the College of Respiratory Nurses, NZNO

Annie Bradley-Ingle, Professional Nurse Adviser, NZNO

The College of Respiratory Nurses, NZNO is celebrating! On Wednesday 15th February 2017 the New Zealand Nurses Organisations Board formally approved the change of status from The Respiratory Nurses Section NZNO to the College of Respiratory Nurses, NZNO. The College of Respiratory Nurses NZNO will have benefits of pooling present resources, an expansion of expertise and skills and a 'louder' political voice for nursing issues.

The announcement of gaining College status is the culmination of many years of work from the small and very dedicated team of national Committee members, past Chairperson Betty Poot and past Professional Nurse Adviser Lorraine Ritchie to name but a few.

The Committee, whose members have regularly changed during the eleven year period of transition, has overseen a vast amount of work. The Section Rules which provide the fundamental information about how the College would operate are reviewed and revised. The Rules set out the new Colleges objectives and the expected management of membership, finances, national committee, conferences and AGM. All position descriptions that describe the proposed Colleges committee member's roles such as Chairperson, Treasurer and Secretary were updated. The Annual (and long term) Business and Operational plans were also reviewed, although this is a regular occurrence there still needed to be a concise record of the changes made. All financial records were regularly audited and incorporated into the application document. A most significant achievement saw the initial Practice standards replaced by the development of the New Zealand Adult Respiratory Nursing Knowledge and Skills Framework (KSF) This document was also recently updated and again endorsed by the Thoracic Society of Australia and New Zealand. This substantial piece of work was an essential element of the application. Finally the Section needed to demonstrate involvement in national and International education and research. Evidence of the education the Section has provided was also required for the College application. This included records of the Sections symposiums and member notifications of relevant conferences and educational meetings and the production of the Airways Newsletter.

All of the documents noted above were then sequentially approved at the 2015 and 2016 Annual General meetings before the final application was complete and ready for tabling at the NZNO Board meeting.

The 2017 College of Respiratory Nurses, NZNO Committee recognises that with the College status comes significant responsibility. They are planning a variety of strategies and activities that will continue to benefit their members, their nursing colleagues more broadly, their other health professional colleagues, their ever increasing number of clients and the greater community. Please check the newly formatted website for further information. The current Committee like its predecessors is committed to working on the member's behalf to uphold the title of College of Respiratory Nurses, NZNO.

My Journey to Registered Nurse Designated Prescriber within Primary Health and Specialty Teams

Michelle Hopley, RN
Manawanui Whai Ora Kaitiaki Long Term Conditions Programme & Respiratory Champion Hauraki PHO,
BHSc, PGDip HSc (Adv Nsg) Merit, MN (Hons)

My name is Michelle Hopley. I have many years experience in rural primary health care and as a respiratory clinical nurse specialist. I work For Hauraki Primary Health Organisation (HPHO) as a Registered Nurse (RN) in the Manawanui Whai Ora Kaitiaki (MWOK) Long Term Conditions (LTC) programme in the Thames, Coromandel and Hauraki area. I also hold the portfolio of COPD and Respiratory Champion for HPHO.

The MWOK model of care works within a pathway to wellness model empowering patients' with chronic LTC's to better manage their health. The RN works alongside a kaiawhina (community support worker) and this holistic, collaborative model assists the patient and his/her whanau to realise positive outcomes in medical, social, justice and financial arenas. Referrals to the MWOK team come from the GP clinics for the complex patients for whom their LTC is poorly managed. E.g. diabetes patients' with HbA1c's in the 100's, poorly controlled asthma or COPD, significant arthritis, chronic renal failure, ischaemic heart disease, anxiety and/or depression. Significantly these patients' often have huge social problems which contribute to their lack of management of their LTC. The senior RN and kaiawhina work closely with the patient and whanau to move towards wellness and better self-management of their chronic LTC. As a RN designated prescriber, patients' that I work with will have easier access to medications and laboratory tests. This will ultimately smoothe their journey towards self-management and positive health outcomes.

As respiratory champion and mentor for the MWOK RN's in the other HPHO geographical teams I also currently visit patients alongside the RN's in providing assessment and management of the respiratory patients that are referred to them. This can now be extended to prescribing medications and completing self-management plans for these patients as required in partnership with their respective GP practices.

It is important to recognize that assisting patient's to self-manage their chronic LTC also involves non-pharmacological interventions. As nurses we are uniquely placed to empower patients' to incorporate many other strategies in achieving this. This is uppermost in my mind when walking through the nursing process with patients'.

I received authorisation as RN designated prescriber within primary health and specialty teams from Nursing Council New Zealand on 5th January 2017 following submission of a comprehensive portfolio through the application process. I gained my Master of Nursing through Auckland University in 2009 and completed my prescribing practicum the same year. Since this time I have continued to work at an advanced level both in primary care and respiratory nursing to keep my skills current and updated. It has always been my goal to become a nurse prescriber and my post graduate education and recent changes to legislation have now facilitated this. As a RN designated prescriber I will continue to work in partnership alongside the GP practices I am aligned with in enabling patients' timely access to on-going care of their chronic conditions.

Designated prescribing differs to authorised prescribing. RN's must work in collaborative teams and can only prescribe from a restricted medications list. RN prescribers cannot action repeat prescriptions and can only initiate prescriptions for patients under their care. Initially I will only prescribe medications that I feel confident to prescribe and for me this will include prescribing for asthma and COPD. This list will grow as my confidence and experience increases.

For the first 12 months I will prescribe under the supervision of Hauraki PHO's Nurse Practitioner Ashleigh Battaerd. At the completion of this time Ashleigh will submit a competence assessment against the competencies for nurse prescribers to Nursing Council to confirm my safety to practice. Although supervision requirements officially cease after one year, an ongoing mentorship relationship with an authorised prescriber (Doctor or Nurse Practitioner) is necessary and will be mandatory for competence assessments on an annual basis.

"RN's with prescribing authority are required to complete a minimum of 20 prescribing-related hours of professional development out of the 60 required hours of professional development every three years; and complete 40 days (320 hours) of prescribing practice every year. Prescribing practice is defined as participation in patient consultations that includes a comprehensive medicines assessment and consideration of the patient's treatment plan including prescribed medicines. It will include the assessment, clinical decision-making and monitoring skills outlined in the Competencies for nurse prescribers (Nursing Council of New Zealand, 2016). Registered nurses with prescribing authority will be required to supply evidence annually that they have maintained their competence to prescribe at the time of renewal of their practising certificate. The evidence must include a competence assessment or letter of support from the prescribing mentor/supervisor". Preparing to prescribe in primary health and specialty teams: Guidance for registered nurses and employers, Nursing Council of New Zealand, 2016, Page 6.

While the journey to RN designated prescriber has been a long and challenging one it will also be an incredible ‘tool’ to add to my ‘toolbox’. I encourage you all to consider taking this journey yourselves and wish you well with the process.

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Nursing Council of New Zealand, August 2016. *Preparing to prescribe in primary health and specialty teams: Guidance for registered nurses and employers.* Retrieved March 3, 2017 from: file:///C:/Users/Hopley/Downloads/Preparing/20to/20prescribe/20in/20primary/20health/20and/20specialty/20teams/20Guidance/20for/20RNs/20and/20employers/20August/202016/20/20(1).pdf

South Island Respiratory Educators Forum (SIREF) 2014-2016, Poster Presentations

As reported by Vivienne Jones, RN

Yearly for the last 30 years Canbreathe (Canterbury Asthma Society) has organised SIREF and encouraged nurses and other allied health professionals to produce posters that demonstrate learning and research in their area of work.

Over the last three years, nurses from the respiratory ward in Christchurch Hospital have produced a poster to educate both nurses and families on topics related to their work area.

Their first poster titled The Teenage Smoker was produced in 2014 due to the aim of the New Zealand Government to have New Zealand smoke-free by 2025. For this to be successful and to benefit future generations of New Zealanders, their belief was to prevent smoking before it started.

The Teenage Smoker Poster

For the past ten Years ASH New Zealand have been monitoring year ten students and recording the trends of smoking among the youth of NZ. Although smoking among teenagers appears to be decreasing, the latest research highlights where there are disparities, and more work needs to be done in this area. Other researchers also suggest some causes of this disparity and offer suggestions on how to rectify the problems.

Our poster is designed to help parents understand why teenagers smoke, and work with their children to either prevent them from starting or help them to understand why they should stop. We have highlighted the risk factors of what may influence a young person to start smoking, and what parents can do to help them if they do smoke. It can also be used as a tool to help open discussion between teenagers and their parents; the poster is set out in such a way as to catch attention and to be easy to understand." They also included survey statistics and trends of smoking among NZ youth showing comparisons from 1999 – 2010. A fact sheet handout was also produced for people to take away for future reference.

The Teenage Smoker

WHY TEENAGERS SMOKE

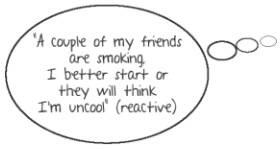
Group acceptance
- friends smoking

Image projection
- Females - sexiness, desirability
- Males -rugged individualism, fun, coolness

Rebellion
– it annoys, bothers, infuriates parents, other adults

Adult aspirations
– makes them look more adult

- The teenage mind is different from the adult mind
- A teenage mind tends to be extremely non-rational and very reactive
- Being a teenager is a temporary state meant to be outgrown
- All teenagers eventually figure this out



RISK FACTORS

- 15 years of age most strongly related to the risk of daily smoking in Europeans
- 15 year olds in all ethnic groups were more likely to purchase cigarettes compared to 14 year olds
- Parents who smoke
- Family members supplying cigarettes to teenagers
- Smokers who allow smoking inside the house
- Large amounts of pocket money given to children
- School lunch money spent on cigarettes
- Children smoking half finished cigarettes left in ashtrays
- Low decile areas with both parents smoking have greater risks of youth smokers (Scragg, R. Laugesen, M. Robinson, E. 2003)

WHAT CAN YOU DO AS A PARENT

"During the teenage storm be the rock not the sea."

The most important tool is a healthy relationship

- Keep the lines of communication open LISTEN and practice RESPECT
- Look for small opportunities to get a conversation going, they do care about what you think
- Be aware. Know what influences them, who they hang out with
- Identify points where you have an impact -keep it simple, keep it specific with little realistic steps
- Appeal to their vanity- smoking is expensive/wouldn't they like to spend the dollars on something nice
- Tobacco companies target children; movies can be a "hook"
- Set an example - don't smoke

Try and work out, and understand

- how they feel about smoking
- applaud good choices
- talk about the consequences of smoking

Don't make their problem your problem. Teenagers will only show interest in giving up smoking or dealing with a problem when it becomes a problem for them. An important point to remember is that the part of the brain that controls a person's impulses and exercises judgement is the last area of the brain to develop in a teenager (Latta, N. 2011).

TRENDS IN TEENAGE SMOKING

ASH New Zealand has been monitoring tobacco use by 14-15 year old school students yearly since 1999. When comparing the 2010 survey with 2006 they reported:

- A significant decline in daily and regular smoking for both male and female students
- Daily smoking by females is much lower than in 2006

BUT... as in previous years, the highest prevalence of smoking was still reported by Maori females and students from low decile schools.

Overall in 2010:

- 17.4% Maori females smoke daily compared to 3.3% NZ European females
- Maori females who report to have never smoked has increased to 34% compared to 18.1% in 2005
- 71.2% of NZ European female students reported they have never smoked
- 10.9% of Maori males reported they smoke compared to 2.9% of NZ European males
- 46% of Maori males report they have never smoked
- 70.0% of NZ European males have never smoked
- 5.5% of all year 10 students reported they were daily smokers
- 10% were 'regular' smokers (monthly, weekly or daily)
- 64.3% of all students had never attempted to smoke

Smoking in homes had declined in all surveyed groups, although ethnic and socio-economic disparities in smoking still continued (ASH New Zealand).

Smoking status and prevalence for all students (%), 1999-2010

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Daily	15.6	15.2	13.5	12.4	12.1	9.8	9.0	8.2	7.3	6.8	5.6	5.5
Weekly	6.7	6.3	5.7	4.7	4.3	4.0	3.6	3.3	3.0	2.6	2.7	2.4
Monthly	6.3	6.4	5.6	4.9	4.3	3.8	4.1	2.8	2.5	2.5	2.6	2.1
Regular*	28.6	27.9	24.8	22.1	20.7	17.6	16.8	14.2	12.8	11.9	10.9	10.0
>monthly	14.3	13.5	14.8	11.2	10.1	7.7	7.7	6.3	5.9	5.4	5.2	5.5
Experimented+	25.5	25.5	24.5	28.3	26.8	27.7	26.1	25.5	24.0	22.0	19.9	20.1
Never smoked	31.6	33.0	35.9	38.4	42.5	47.0	49.4	54.0	57.3	60.7	64.0	64.3
TOTAL (n)	29032	29370	29398	29285	32927	31921	32761	32841	25978	30872	25762	32605

*combined total of students who reported to smoke daily weekly or monthly
+ students who tried smoking who don't currently smoke

(ASH New Zealand p.11)

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CONCLUSION

"Parental behaviour is a key determinant of smoking by New Zealand adolescents. Efforts that target the role of parents should be pursued, such as health promotion strategies that advise parents about the possible benefits of banning smoking in the home, limiting pocket money, and not providing cigarettes to their children." (Scragg, R. Laugesen, M. Robinson, E. 2003)

Canterbury District Health Board
Te Poari Hauora o Waitaha

Vivien Jones RN, Erin Morris RN, Ward 25 (Respiratory Medicine) Christchurch Hospital, Christchurch, New Zealand

Tuberculosis Poster

Tuberculosis has been around for centuries. It is a bacterial infection commonly found in the lungs caused by the bacteria Mycobacterium tuberculosis, and once diagnosed, is treatable. The problem today is that many people, who come from countries with high Tuberculosis (TB) incidence and where treatment may not be optimal, are travelling to countries where the incidence of TB is negligible.

In 2015 the topic of tuberculosis was introduced due to an increased number of patients being admitted to the ward for investigations of TB. These people were from Asian countries and the question was raised as to “how can they enter the country if they have Tb?” Or “have they not been tested properly before coming here?”

Chest x-rays and the Mantoux test show positive results in those with active infection, but does not identify Latent Tuberculosis infection (LTBI). The World Health Organisation (2014) describes LTBI as “a state of persistent immune response to stimulation by Mycobacterium tuberculosis antigens without evidence of clinically manifested active TB”.

The poster “**TB or not TB, That is the Question**” was designed to make health professionals aware of LTBI especially as there are a number of people immigrating to New Zealand, either as students or foreign workers, some who are from high risk countries.

LTBI is one of the biggest risks to controlling the incidence of TB and does not always present as an infection in the lungs. The poster identified the high risk countries and the length of time LTBI may take to present itself in a reactive state. This may be in areas of the body other than the lungs, such as lymph glands, abdomen and joints. If the unsuspecting health professional does not initially consider LTBI as a source of the infection/swelling: treatment can be delayed.

TB or not TB, That is the Question?

Vivien Jones R.N. PGDip.HSc, Erin Morris R.N.
Respiratory Medicine, Christchurch Hospital, Christchurch, New Zealand.

Canterbury District Health Board
Te Poari Hauora ō Waitaha

General information

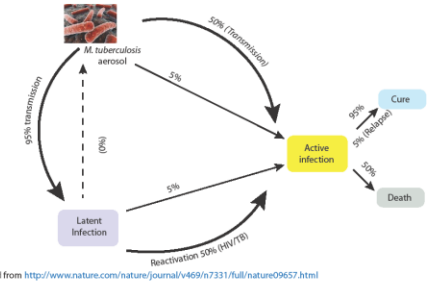
- *Mycobacterium tuberculosis* (TB) is a pathogenic bacterium.
- *Mycobacterium tuberculosis* is highly aerobic requiring high levels of oxygen. It primarily affects the respiratory system of mammals.
- It is genetically diverse, different strains are associated with different geographical regions in the world.
- TB spreads from person to person through the air.

Coughing, sneezing or spitting propels the TB bacteria into the air, Inhaling some of these bacteria can cause infection.

- About 10% of people infected with the TB bacteria have a lifetime risk of developing active TB.
- People with compromised immune systems have a much higher risk of becoming ill.

Symptoms of TB

Cycle of infectious TB or non-infectious (latent) disease



Adapted from http://www.nature.com/nature/journal/v469/n7331/full/nature09657.html

Latent Tuberculosis infection (LTBI)

Is *"a state of persistent immune response to stimulation by Mycobacterium tuberculosis antigens without evidence of clinically manifested active TB"* (World Health Organisation, 2014).

About one third of the world's population has latent TB, that is, someone infected by the TB bacteria who is not ill with the disease and does not transmit it to others.

Approximately 10% of LTBI individuals will develop active TB within 5 years of being infected. The risk is much higher if the immune status of the infected person changes.

At risk groups identified for LTBI testing (WHO)

- People living with HIV
- Adult and child contacts of pulmonary TB cases
- People initiating chemotherapy and dialysis treatment or organ transplantation

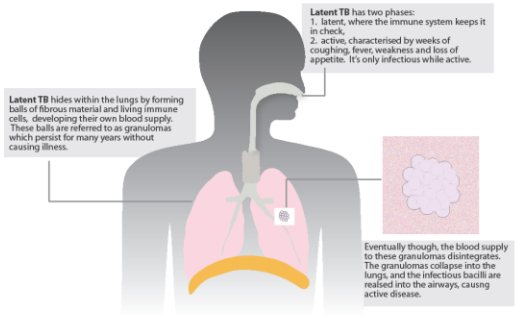
Systematic testing and treatment for LTBI should also be considered for:

- Immigrants from high TB burden countries
- Health workers
- Prisoners
- The homeless
- Illicit drug users

Others to be considered if they meet the above criteria

Diabetics, High alcohol users, Tobacco smokers and underweight people.

Latent TB hides within the lungs by forming balls of fibrous material



Adapted from Russell, D. G, Clifton, B. and Flynn, J.L. 14 May, 2010. Tuberculosis: What we don't know can and does hurt us. Science Magazine.

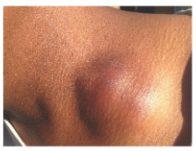
Extra-pulmonary Tuberculosis (EPTB)

EPTB refers to disease outside of the lungs.

Most common sites:

- Lymph glands, bones and joints, spine, kidneys and abdomen.
- Extra-pulmonary involvement occurs in 20% of all TB cases.
- 60% of patients with extra-pulmonary manifestations of TB have no evidence of pulmonary infection on chest x-rays or in sputum.
- People with extra-pulmonary disease can have the same symptoms as those with pulmonary TB but also develop symptoms specific to the infected site such as back pain, blood in urine, bone or joint pain.
- Disseminated (Miliary) TB may have no localised signs and non specific symptoms.
- Extra-pulmonary TB is not infectious. The treatment is the same as for pulmonary TB.
- Misdiagnosis is common, as EPTB cases often present with similar symptoms to other diseases.

TB in a neck lymph node



Demographic Information

A 2010 survey of 31 member countries of the Organisation for Economic Co-operation and Development (OECD) has confirmed the re-emergence of Tuberculosis notifications.

Latent TB infection acquired before immigration and increasing numbers of immigrants from countries with high incidences of TB have been cited as the reason for this change.

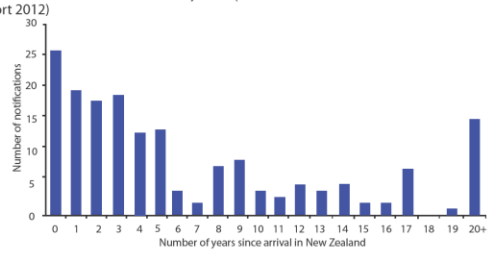
High risk countries

It is estimated 9 million people developed TB in 2013, 56% were in the South-East Asia and Western Pacific Regions, 25% in the African Region, India 24%, China 11%, of total cases, respectively (WHO Global tuberculosis report, 2014).

New Zealand 2012 - common risk factors

- People born outside of NZ /or people residing with a person born outside of NZ.
- Contact with a case of positive TB or persons having an immunosuppressive illness.
- People from Southern and Central Asia (India) South East Asia (Philippines)
- Most cases develop within 5 years of arrival in NZ or later in life (20 years post arrival).

Tuberculosis notifications (new cases) born outside New Zealand by the number of years since arrival in New Zealand, 2012 (Tuberculosis in New Zealand: Annual Report 2012)



Note: the date of arrival was not recorded for 38 cases.

TEST and TREAT

There are two major classes of tests used to identify patients with latent tuberculosis:

- the Mantoux skin test
- Interferon-gamma tests such as Quantiferon-TB Gold and T-SPOT.TB

Treatment prevents latent TB from developing into an active disease. Only active TB is contagious.

Is TB a fatal disease?

When the TB bacteria are in their active state, they can cause death of tissue in the organs which they infect. The active TB disease can be fatal if left untreated.

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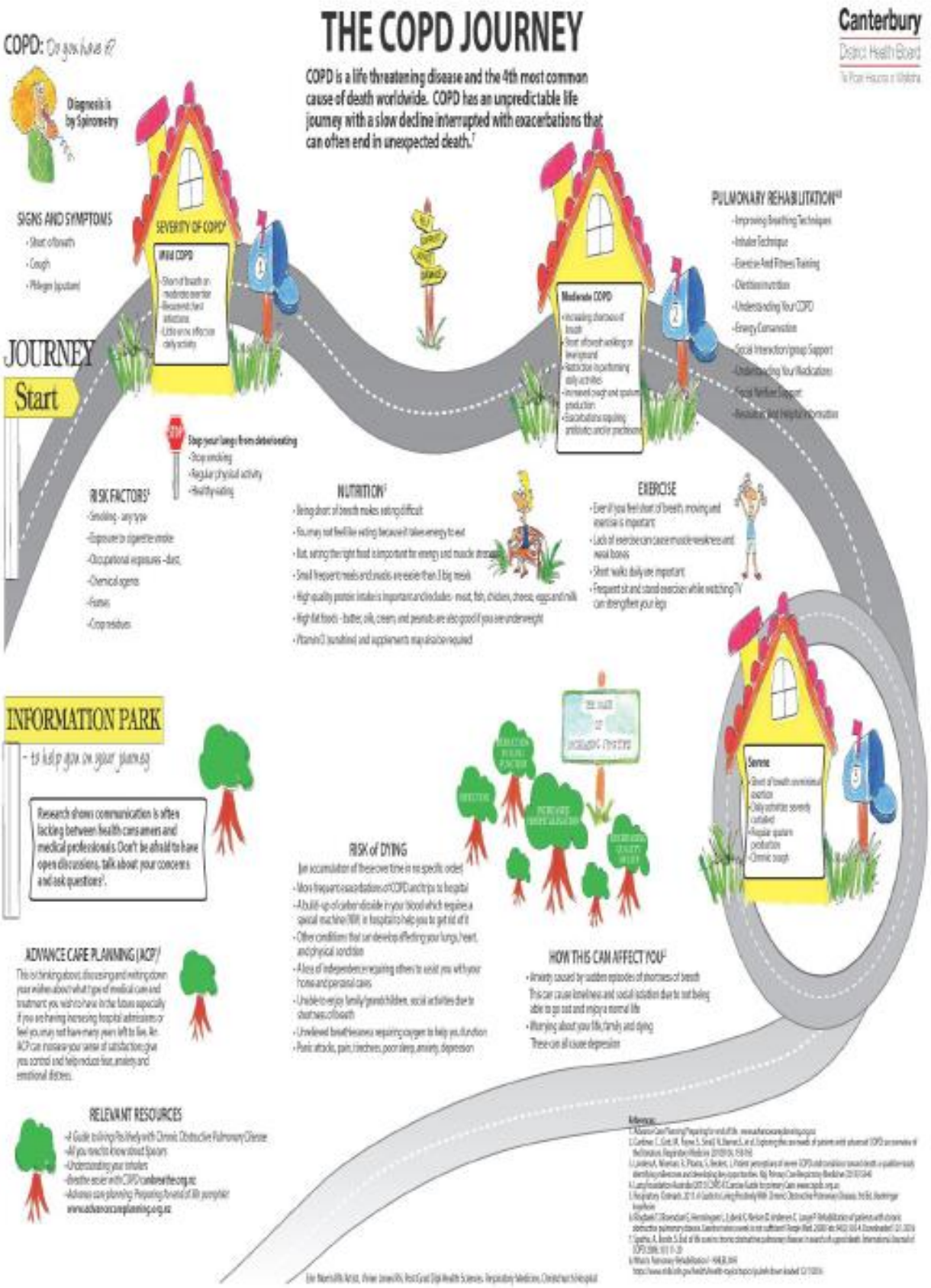
Acknowledgements

Thanks to Erin Morris for her artwork and Leanne McNeil CNS Respiratory Medicine for the photo.

COPD Poster

It is well documented that Chronic Obstructive Pulmonary Disease is a life threatening disease and the 4th most common cause of death worldwide. It also has an unpredictable life journey with a slow decline interrupted with exacerbations that often end in unexpected death. With the above statistics in mind and very little information around that incorporated the various stages of the COPD journey and relevant resources in a 'one stop shop' **"The COPD Journey"** poster was created. Many people admitted to hospital with severe exacerbations of COPD have the expectation they will be 'fixed' and return home unaware that there is a possibility that this condition is life limiting.

Researching COPD identified that most people are unaware of the significant mortality of COPD and because unlike cancer, the trajectory of COPD is unpredictable, many health professionals are reluctant to discuss this topic with the patient. Information was provided with ways to help identify where they see themselves on their disease pathway, where to seek further advice to help them achieve their best outcomes relevant to their needs. The aim of the poster was to inform the patient and their family in a non-threatening way, get them to think of their future and of ways to make their journey with COPD as smooth as possible which included asking questions and having discussions with their nurses and doctors.


THE COPD JOURNEY
Canterbury District Health Board
COPD is a life threatening disease and the 4th most common cause of death worldwide. COPD has an unpredictable life journey with a slow decline interrupted with exacerbations that can often end in unexpected death.
COPD: Do you have it?
Diagnosis is by Spirometry
SIGNS AND SYMPTOMS
SEVERITY OF COPD
JOURNEY
Start
Stop your lungs from deteriorating
RISK FACTORS
NUTRITION
EXERCISE
PULMONARY REHABILITATION
INFORMATION PARK
Research shows communication is often lacking between health consumers and medical professionals. Don't be afraid to have open discussions, talk about your concerns and ask questions.
ADVANCE CARE PLANNING (ACP)
RISK of DYING
HOW THIS CAN AFFECT YOU
RELEVANT RESOURCES
www.advancecareplanning.org.nz

COLLEGE OF RESPIRATORY NURSES NZNO

SAVE THE DATE

SYMPOSIUM 2018

TITLE: CHANGING PARADIGMS IN RESPIRATORY HEALTH

VENUE: WELLINGTON

DATE: 13 APRIL 2018, CONTACT: carol@hcp.co.nz

EVENTS FOR YOUR CALENDAR

Conferences/Seminars/Courses

Thoracic Society of Australia and New Zealand (TSANZ) Australian Annual Scientific Meeting
25-28 March 2017, Canberra
Theme: Novel Therapeutic Interventions
Early bird registration before January 20, 2017
http://www.tsanzsrs2017.com/

TSANZ/ANZSRS New Zealand Annual Scientific Meeting
10-11 August 2017, Nurse and Trainee day 9 August 2017
Heritage Hotel, Queenstown
On-line registrations open March 2017
https://outshine.eventsair.com/QuickEventWebsitePortal/tsanz-2017/web

National Asthma Council Australia
Provides a list of various respiratory focused conferences for health professionals.
For further information: www.nationalasthma.org.au

PHARMAC Seminar Series
Venue: PHARMAC, Level 9, Simple House, 40 Mercer Street, Central Wellington.
Check website for any relevant seminars and registration www.pharmac.health.nz/seminars

Dunedin Respiratory Study Day
20 November 2017
Applicable to nurses and allied health working in acute and non-acute settings. Content will include a variety of respiratory conditions and treatments.
To register expressions of interest please contact
Carol Fitzgerald, Respiratory Clinical Nurse Specialist, Dunedin Hospital
Ph: 0274 989218, carol.fitzgerald@southerndhb.govt.nz

Asthma and Respiratory Foundation, NZ
COPD & Asthma Fundamentals
Comprehensive training programme for the education of health professionals in how to provide asthma and COPD management, education and support.
Two half-day workshops.
Contact: Teresa Demetriou, teresa@asthmaandrespiratory.org.nz

2017 Asthma New Zealand – The Lung Association
1 Day – 6 hours 'Neat' Asthma Course for Registered Nurses
March 15 2017
June 20 2017

Conferences/Seminars/Courses

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May 16 2017
July 26 2017
http://www.asthma.org.nz/news-and-events/

Asthma NZ in partnership with Unitec, School of Health & Community Studies also offers:
The Asthma Nursing Course &
The Chronic Obstructive Pulmonary Disease Course
These are distance learning Level 7, 24 credit courses available to Registered Nurses who work in the community at primary and secondary care level with people who have asthma or COPD. http://www.asthma.org.nz/resources/courses/

Spirometry Courses
Auckland District Health Board
Further information is available by contacting:
Ph: 09 630 9918 Extn. 26234, resplab@adhb.govt.nz

Bay of Plenty
Contact: Lyn Tissingh, Nurse Manager
Ph: 07 577 6738, lyn@asthmabop.org.nz

Asthma Waikato
Further information is available by contacting Ruth Taylor:
Ph: 07 838 0851, info@asthmawaikato.co.nz

Canterbury District Health Board
Further information is available by contacting Emily Ingram: emily.ingram@cdhb.health.nz

Southern District Health Board
Further information is available by contacting Sue Filsell:
Ph: 03 470 9831 or 470 9742, sue.filsell@southerndhb.govt.nz

Peer Group Meetings
Bay of Plenty

Asthma & Respiratory Management, BOP Inc.
REPS (Respiratory Educators Peer Support) 2017
Fridays: March 10th, June 9th, Sept 8th, and December 8th
10.00am meeting (0930-1000 cup of tea)
Venue: 254 Chadwick Road, Greerton, Tauranga.
Contact: Lyn Tissingh, Nurse Manager: Ph: 07 577 6738, lyn@asthmabop.org.nz

Editors Note – If you have regular meetings for Respiratory Nurses in your area, email secretaryrn.nzno@gmail.com with the group's name, place of meeting, date and contact person, and I can put the information in the next newsletter.

College of Respiratory Nurses (NZNO) Committee Members 2017

Role	Name	Email
Chairperson	Mary Gluyas	mary.gluyas@cdhb.health.nz
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Committee Member	Eileen Hall	eileen.hall@hawkesbaydhb.govt.nz
Committee Member	vacant	
NZNO Professional Nursing Adviser	Annie Bradley-Ingle	annetteb@nzno.org.nz