



Stop4th Nursing Information Provision Service  
Providing information to nurses and allied health professionals

## **NZNO College of Respiratory Nurses Monthly News Bulletin Friday 27 October 2017**

For feedback please contact your section administrator: [DianaG@nzno.org.nz](mailto:DianaG@nzno.org.nz)

### **Consultation**

NZNO regularly seeks members input on a range of documents up for consultation. The listing is regularly updated and can be found at: [http://www.nzno.org.nz/get\\_involved/consultation](http://www.nzno.org.nz/get_involved/consultation)

### **Advanced Nursing Practice Position Statement Revision**

NZNO adopted a position statement on Advanced Nursing Practice in 2000. This is the 4<sup>th</sup> revision of the document and includes recent work by the National Nursing Consortium on specialty practice standards, Dr Kathy Holloway on a New Zealand nurse specialist framework, and the Nursing Council of New Zealand work on competencies for nurse prescribers and nurse practitioners. While drafting the revision we have focused on making the position statement clear, concise and current.

Read or download: [Advanced Nursing Practice](#) (PDF 347KB)

**Feedback due:** Please send feedback to [sueg@nzno.org.nz](mailto:sueg@nzno.org.nz) by **24 November 2017**.

### **Reprocessing of reusable medical devices in health service organizations - Amendment 2**

Standards New Zealand is consulting on the above document available from this link: [www.standards.govt.nz](http://www.standards.govt.nz)

**Feedback due:** to [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by **1 December 2017**.

### **Asthma**

#### **Taking vitamin D supplement 'can halve the risk' of an asthma sufferer having a severe attack**

Taking vitamin D supplements can halve the risk of severe asthma attacks, experts have found.

Experts believe taking the pills helps reduce inflammation and wards off viruses.

[Read more here](#)

#### **COPD and asthma: the emergency is clear, now is the time for action**

[Lancet Respiratory](#)

Volume 5, No. 9, p668–669, September 2017

An excellent Article<sup>1</sup> has been published in *The Lancet Respiratory Medicine* on the risk and disease estimates of chronic obstructive pulmonary disease (COPD) and asthma as part of the Global Burden of Disease Study (GBD) 2015. The Article provides a good overview of the mortality, prevalence, disability-adjusted life years (DALYs), and years lived with disability for the two most common respiratory diseases. The findings show that the prevalence of and mortality due to COPD, as well as the prevalence of asthma, increased between 1990 and 2015. However, age-standardised results indicate that this phenomenon is mainly due to an ageing population. Globally, more than 174 million people have COPD and more than

358 million people have asthma. With an ageing population, this number is expected to increase, especially for COPD. Mortality due to COPD is eight times higher than mortality due to asthma. COPD and—to a lesser extent—asthma clearly impose a substantial burden in terms of both impaired quality of life and physical, psychological, and social disability.

[Read more here](#)

Personal View

### **Does inhaled steroid therapy help emerging asthma in early childhood?**

**The Lancet**, [Volume 5, No. 10](#), p827–834, October 2017

Although early childhood wheeze is common, persistent asthma is less common. However, of those children who do progress to persistent asthma, lung function abnormalities and airway remodelling can already be seen early in life and can increase in magnitude with time. There has been a general expectation that early use of inhaled corticosteroid (ICS) could change the natural history of asthma if started in the young child with wheeze. Despite this expectation, the role of ICS therapy in altering the natural course of disease in children with emerging asthma is not well defined. Here we discuss the potential use of ICS therapy to alter the natural disease course in children at risk of persistent asthma (defined as wheeze and presence of airflow limitation or airway hyper-reactivity, or both). We present new information suggesting a more personalised treatment approach in which children might benefit from daily or intermittent ICS therapy. We also provide an overview of other emerging therapies that might be useful in disease modification for the wheezing young child at risk of persistent asthma.

[Read more here](#)

## **Bronchiectasis**

*The item below is not available full text but may be sourced via a DHB library through databases like CINAHL or Proquest, or through the NZNO library service*

### **Bronchiectasis—a growing respiratory problem**

Graham Cope

**Nurse Prescribing**, Vol. 15, No. 10: 486-490.

Bronchiectasis is the irreversible, pathological dilatation of the small and medium-sized bronchi. It is not a disease in its own right, but a final common pathway of a cycle of inflammation, bacterial colonisation and infection ([Altenburg et al, 2015](#)). It occurs in a variety of pathologic processes that are associated with recurrent or acute infection and inflammation, such as cystic fibrosis, chronic obstructive pulmonary disease and asthma leading to permanent structural changes in the airways. Bronchiectasis can result in substantial morbidity, usually secondary to recurrent infection, but in severe cases can lead to death ([Milliron et al, 2015](#)).

The main symptom of bronchiectasis is a chronic productive cough, over-production of mucus and the dilation of the bronchus, which causes each cough to be less effective, leading to inefficient clearance of secretions with the potential for chronic or recurrent infections ([Currie et al, 1987](#)). The main treatments aim to suppress the inflammation and prevent infections, and in the case of exacerbations, to reduce the sputum volume, viscosity and purulence and to lessen the cough, dyspnoea and fever ([Abo-Leyah and Chalmers, 2017](#)).

## **COPD**

*The items below are not available full text but may be sourced via a DHB library through databases like CINAHL or Proquest, or through the NZNO library service*

### **Living with chronic obstructive pulmonary disease: The stories of frequent attenders to the Emergency Department.**

Robinson K, Lucas E, van den Dolder P, Halcomb E. *J Clin Nurs.* 2017;00:1–9. <https://doi.org/10.1111/jocn.1384>

To explore the experiences of chronic obstructive pulmonary disease (COPD) amongst individuals who have a high frequency of presentations to the Emergency Department and their carers.

#### Background

Patients with COPD are amongst the most frequent attenders in the Emergency Department despite the chronic nature of their condition. Good self-management has previously been identified as a key to maintaining health and reducing COPD exacerbations. There has been limited investigation of those with COPD who frequently attend the Emergency Department.

### **Patients and families realising their future with chronic obstructive pulmonary disease—A qualitative study.**

Bragadottir GH, Halldorsdottir BS, Ingadottir ThS, Jonsdottir H. *J Clin Nurs*. 2017;00:1–8. <https://doi.org/10.1111/jocn.13843>

#### Aims and objectives

To gain insight into the lived experience of learning about having chronic obstructive pulmonary disease for patients and their families.

#### Background

Chronic obstructive pulmonary disease often progresses for years. Adjustment to declining health is gradual, and the disease may have developed considerably when health care is sought and people are diagnosed. Reaching patients at early stages is necessary to delay progression of the disease.

### **Lung cancer**

#### **New system finds and targets vulnerabilities in lung cancer cells**

Genetic changes that help lung cancer thrive also make it vulnerable to a promising experimental drug.

#### [Read more here](#)

#### **Metastatic non-small cell lung cancer: A case study**

##### *The Nurse Practitioner*

December 16 2016, Volume :41 Number 12 , page 1 - 5 [Free]

Lung cancer is the leading cause of oncology-related deaths in both men and women worldwide, claiming over 1.6 million lives annually.<sup>1</sup> This death estimate is higher than colon, prostate, and breast cancers combined. The high mortality connected to lung cancer is due to the majority of patients being diagnosed late in the disease trajectory. Despite novel therapeutic advances coupled with personalized medicine, the 5-year survival rate remains dismal at only 17%.<sup>2</sup>

#### [Read more here](#)

### **Lung function**

#### **Heart-Lung Fitness Challenged in Early Full-Term Babies**

Researchers found those born at 37-38 weeks had higher risk of poorer cardiorespiratory fitness later in life

#### [Read more here](#)

### **Lung transplants**

*The item below is not available full text but may be sourced via a DHB library through databases like CINAHL or Proquest, or through the NZNO library service*

**Life after a lung transplant: a balance of joy and challenges.** Graarup, J., Mogensen, E. L., Missel, M. and Berg, S. K. (2017), *J Clin Nurs*, 26: 3543–3552. doi:10.1111/jocn.13724

#### Aim and objective

To describe patients' experiences throughout the first four months post-lung transplant.

#### Background

Health professionals are familiar with the fact that patients' average survival after a lung transplant is about seven years and that 74% of these patients reject new organs within the

first two years. By contrast, knowledge of these patients' perspectives after lung transplantation is scant.

## Mechanical ventilation

### **Open Lung Ventilation May Worsen ARDS Mortality**

Clinical trial findings do not support routine use of lung recruitment strategy

[Read more here](#)

### **Factors associated with change in health-related quality of life among individuals treated with long-term mechanical ventilation, a six-year follow-up study.**

Markussen, H., Lehmann, S., Nilsen, R. M. and Natvig, G. K. (), *J Adv Nurs*. Accepted Author Manuscript. doi:10.1111/jan.13472

Aims

To examine changes and explanatory variables for changes in health-related quality of life in patients treated with long-term mechanical ventilation over a six-year period.

Background

Long-term mechanical ventilation is a treatment for individuals with chronic hypercapnic respiratory failure, primarily caused by neuromuscular diseases, obesity hypoventilation syndrome, chronic obstructive pulmonary and restrictive thoracic diseases. Studies on long-term outcome on health-related quality of life and factors influencing it are lacking.

[Read more here](#)

## Pneumonia

### **Hospital-acquired pneumonia surveillance—an unmet need**

*Lancet respiratory medicine*

[Volume 5, No. 10](#), p771–772, October 2017

Hospital-acquired pneumonia (HAP) is a neglected disease among the health care-associated infections. HAP is now the most common health care-associated infection in Europe,<sup>1</sup> and almost two-thirds of these cases are not associated with intubation.<sup>2</sup> Despite this high prevalence, HAP does not receive much recognition and research funding outside of the intensive care unit. The scarce evidence available suggests that HAP complicates approximately 1·5% (95% CI 1·4–1·6) of UK hospital admissions,<sup>2</sup> has an important effect on length of stay<sup>3</sup> and, because its management invariably involves use of broad-spectrum antibiotics, has the potential to be an important driver for the emergence of antibiotic resistance.

[Read more here](#)

## Sleep apnoea

*The item below is not available full text but may be sourced via a DHB library through databases like CINAHL or Proquest, or through the NZNO library service*

### **Nurse versus physician-led care for obstructive sleep apnea: A systematic review and meta-analysis of randomised trials.**

Gong, F., Chen, X., Wu, Y., Yao, D., Xie, L., Ouyang, Q., Wang, P. and Niu, G. (), *J Adv Nurs*. Accepted Author Manuscript.

2017doi:10.1111/jan.13346

Aim

To evaluate the effectiveness of nurse-led care for obstructive sleep apnoea compared with physician-led care.

Background

The incidence of obstructive sleep apnoea is increasing worldwide. There is a need for cost-effective care models to ease off the pressure on tertiary care centres and divert care to the community.

## **Smoking (general)**

### **Quit Smoking Support for Health Care Workers Needed**

A team of researchers at the Auckland University of Technology (AUT) has found that, while there has been a decline in health care worker smoking rates, more needs to be done to address what remains a burden on the health system.

[Read more here](#)

### **E-cig refills contain irritants, and people who smoke and use e-cigs suffer more symptoms**

Two new studies highlight the risks associated with using e-cigarettes, especially for those who also ...

[Read more here](#)

### **Managing negative emotions can help pregnant smokers quit**

Pregnant smokers are more likely to quit if they can learn to manage negative emotions that lead to smoking, new research indicates.

[Read more here](#)

### **Ministry of Health throws support behind vaping as a way to quit smoking**

Fears around e-cigarettes have gone up in a puff of smoke, as health officials say they could be a valuable weapon in the country's fight to become smokefree.

[Read more here](#)

### **Quit-coach and cash incentives for Taumarunui smokers**

Smokers in Taumarunui will be paid to quit.

Up to \$300 in gift vouchers are up for grabs for pregnant women in Taumarunui who quit and stay smoke-free for four weeks past their target quit date.

[Read more here](#)

*The item below is not available full text but may be sourced via a DHB library through databases like CINAHL or Proquest, or through the NZNO library service*

### **What nurses can do to help people quit smoking**

Viv Bennett

*Nurse Prescribing*, Vol. 15, No. 10: 482-484.

The cost of smoking on the NHS is incredible and despite a promising downward trend in smoking rates, there is still much to do. Viv Bennett, chief nurse, Public Health England outlines what you can do as nurses to help people quit

## **Tuberculosis**

### **How tuberculosis hides in the body**

The tuberculosis vaccine only works for children. BCG (bacille Calmette-Guerin) doesn't protect you as an adult. Now we know more about how the bacterium avoids being detected, report scientists.

[Read more here](#)

### **Two novel TB drugs move into human studies**

On the eve of the 48th Union World Conference on Lung Health, being held in Guadalajara, Mexico, the Global Alliance for TB Drug Development (TB Alliance) announced the ongoing Phase-1 clinical studies for two new drugs for TB treatment, developed by it.

[Read more here](#)

## **General articles**

### **Fewer newborns get whooping cough when moms get vaccinated**

(Reuters Health) - Vaccinating mothers against whooping cough during pregnancy may prevent 9 out of 10 severe cases of this potentially fatal respiratory infection in their babies, a U.S. study suggests.

[Read more here](#)

*The following article is not freely available in full text but should be available via a DHB library, the NZNO library or resources offered through an academic library readers may have access to. Check databases such as CINAHL or Proquest.*

### **The role of tele-medicine in patients with respiratory diseases**

Nicolino Ambrosino & Claudio Fracchia

*Expert Review of Respiratory Medicine* Vol. 0 , Iss. 0,0

Introduction: Tele-medicine is a clinical application connecting a patient with specialized care consultants by means of electronic platforms, potentially able to improve patients' self-management and allow for the care of patients with limited access to health services. This article summarizes the use of tele-medicine as a tool in managing patients suffering from some pathological respiratory conditions.

Areas covered: We searched papers published between 1990 and 2017 dealing with tele-medicine and respiratory diseases, chronic obstructive pulmonary disease, asthma, interstitial lung disease, chronic respiratory failure, neuromuscular diseases, critical illness, home mechanical ventilation, and also legal and economic issues. Controlled trials report different results on feasibility, cost-effectiveness, and safety of tele-medicine.

Expert commentary: Progress in tele-medicine widens the horizons in respiratory medicine: this tool may potentially reduce health care costs by moving some medical interventions from centralized locations in to patient's home, also allowing for the delivery of care in countries with limited access to it. Legal, safety, and privacy problems, as well as reimbursement issues, must still be defined and solved. At present time, we still need much more evidence to consider this modality as a real option in the management of these patients.

### **Professional development**

**NZ Respiratory Conference: Sharing the care - breathing easier.** 23 - 24 November 2017, Auckland

New Zealand Respiratory Conference 2017

**Theme: Sharing the care - breathing easier**

**Dates: 23-24 November 2017**

**Location: Pullman Hotel, Auckland**

**Register now**

**<https://www.asthmafoundation.org.nz/health-professionals/new-zealand-respiratory-conference-2017>**

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It is provided on the last Friday of each month and contains an overview of news items, articles and research papers of interest to the College members.

All links are current at the time of being compiled and distributed.

For feedback please contact your section administrator: [DianaG@nzno.org.nz](mailto:DianaG@nzno.org.nz)

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**to:** [http://www.nzno.org.nz/groups/colleges\\_sections/colleges/college\\_of\\_respiratory\\_nurses](http://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_respiratory_nurses)

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