



## **NZNO College of Respiratory Nurses Monthly News Bulletin Friday 30 March 2018**

### **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)

#### **Draft Medication Guidelines: Home and Community Support Services**

NZNO seeks your feedback on the Draft Medication Guidelines for Home and Community Support Services prepared by the Ministry of Health (on behalf of the Home and Community Support Services Working Group).

The aim is to provide medication guidelines specific to the Home and Community Support Services sector that will ensure best possible outcomes for clients and staff.

The draft guidelines [are available at this link](#)

**Send feedback to [sueg@nzno.org.nz](mailto:sueg@nzno.org.nz) by 20 April 2018.**

#### **Future of Tax: Submissions Background Paper**

NZNO seeks your input on ways to improve the current tax system to inform future developments in tax and ensure tax works for the wellbeing of New Zealanders. It is an opportunity to have input on how tax could work for public health concerns such as income inequality, living standards and healthy behaviours (for example through removing GST from essential items or the use of alcohol, tobacco and sugar tax). It also a chance to have input on any other ways in which you are affected by the current tax system.

Please see the background paper attached

below: <https://taxworkinggroup.govt.nz/resources/future-tax-submissions-background-paper>

Please note NZNO and NZMA are co-hosting Alcohol HealthWatch's public forums on three submission opportunities for alcohol related policy:

- **Sale and Supply of Alcohol** (Renewal of Licences) Amendment Bill – improving local community control to reduce the number of alcohol outlets in our communities
- **Tax Working Group Review** increasing the tax of alcohol is aligned with a social justice
- **Mental Health and Addictions Inquiry** -strong alcohol policies can improve mental health

We recommend these forums in Wellington, Thursday 5th April Auckland, 9<sup>th</sup> April, and Christchurch, 11th April to your attention. **To register email Suzanne: [ahw@ahw.org.nz](mailto:ahw@ahw.org.nz)**

**Send feedback to [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by 20 April 2018**

## **Guidelines for nurses on the administration of medicines, 2018**

FEEDBACK DUE:

Please send feedback to [sueg@nzno.org.nz](mailto:sueg@nzno.org.nz) by April 9th 2018

Following the first round of consultation late in 2017, and feedback from Dr Jill Wilkinson these guidelines (see the table of changes below) warrant another brief consultation. Please consider these changes as you read the document.

Summary table of changes:

Length of document:

At 50+ pages long the document was becoming unwieldy and repetitive.

Removal of material that was not directly associated with nurses administering medicines (including reference to Nurse Practitioners and designated prescribers for whom a specific guideline will be developed).

Reference to midwives responsibilities in administering medicines has also been removed as this is clearly described by the Midwifery Council of New Zealand.

Detail of standing orders and transcribing have also been removed but links created to the existing NZNO publications that address these practices.

New additions:

Nurse-initiated medicines (6.8)

Automated medication dispensing devices now in common use (6.13)

Oxygen and other medical gases (7.3)

Updates:

Glossary (8)

References (9)

list of relevant legislation and regulation (9.1)

[Guidelines for Nurses on the Administration of Medicines, 2018.](#)

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## **Sale and supply of alcohol (Renewal of Licences) Amendment Bill**

NZNO seeks member feedback on this short bill.

This bill enables local alcohol policy to be fully considered in any decision on the renewal of an existing licence. It gives the community more say over the density and location of alcohol outlets and allows conditions, for example, trading hours, particular licences and one-way door restrictions, to be imposed.

[Link to the bill here:](#)

**Feedback to** [marilynh@nzno.org.nz](mailto:marilynh@nzno.org.nz) by **11 April 2018**

## **NZ News**

### **Robots helped patients' with drug and exercise routines**

A pilot randomised controlled trial using robots to help people at home with Chronic Obstructive Pulmonary Disease has found that the robots helped patients take their medication, carry out exercises, and keep them company.

[Read more here](#)

## **Study suggests targeted smoking cessation interventions needed among Māori healthcare workers**

A recent study has sought to understand smoking trends among nurses and doctors in New Zealand and has identified disparities between Māori and non-Māori healthcare workers. The Otago University study, led by Dr Richard Edwards and colleagues, found that by 2013 doctors and the majority of nursing sectors had achieved the Smokefree 2025 goal of less than 5% smoking prevalence. However, the smoking rate of Māori nurses in particular remained high.

[Read more here](#)

## **General news and items of interest**

### **Exercise improves asthma in obese adults**

Reuters Health - Exercise training helps improve daily life for obese adults with asthma, a new study found.

[Read more here](#)

Hill A, Kelly E, Horswill MS, Watson MO. **The effects of awareness and count duration on adult respiratory rate measurements: An experimental study.** J Clin

Nurs. 2018;27:546–554. <https://doi.org/10.1111/jocn.13861>

Aims and objectives

To investigate whether awareness of manual respiratory rate monitoring affects respiratory rate in adults, and whether count duration influences respiratory rate estimates.

Background

Nursing textbooks typically suggest that the patient should ideally be unaware of respiratory rate observations; however, there is little published evidence of the effect of awareness on respiratory rate, and none specific to manual measurement. In addition, recommendations about the length of the respiratory rate count vary from text to text, and the relevant empirical evidence is scant, inconsistent and subject to substantial methodological limitations.

[Read more here](#)

## **Allergies**

*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*

### **Setting up and running a nurse-led allergy service**

Deborah Marriage and Roisin Fitzsimons

Nurse Prescribing, Vol. 16, No. 3: 129-133.

[Read abstract here](#)

## **Asthma**

### **Improving pediatric asthma care is possible**

A new study shows improved personalized inpatient assessments can enhance the accuracy of the prescribed asthma therapy a child receives. A physician's asking of the six key asthma control questions can help.

[Read more here](#)

## **Short-term increases in inhaled steroid doses do not prevent asthma flare-ups in children**

Researchers have found that temporarily increasing the dosage of inhaled steroids when asthma symptoms begin to worsen does not effectively prevent severe flare-ups, and may be associated with slowing a child's growth, challenging a common medical practice involving children with mild-to-moderate asthma.

[Read more here](#)

## **Interventions for autumn exacerbations of asthma in children**

Editorial Group: [Cochrane Airways Group](#)

### **Background**

Asthma exacerbations in school-aged children peak in autumn, shortly after children return to school following the summer holiday. This might reflect a combination of risk factors, including poor treatment adherence, increased allergen and viral exposure, and altered immune tolerance. Since this peak is predictable, interventions targeting modifiable risk factors might reduce exacerbation-associated morbidity and strain upon health resources. The peak occurs in September in the Northern Hemisphere and in February in the Southern Hemisphere.

### **Objectives**

To assess the effects of pharmacotherapy and behavioural interventions enacted in anticipation of school return during autumn that are designed to reduce asthma exacerbations in children during this period.

[Read more here](#)

## **COPD**

Ali L, Fors A, Ekman I. **Need of support in people with chronic obstructive pulmonary disease.** J Clin Nurs. 2018;00:1–8. <https://doi.org/10.1111/jocn.14170>

Aim and objective

The aim of this study was to describe peoples' experiences and expectations of support when living with chronic obstructive pulmonary disease.

Method

We conducted and analysed face-to-face or telephone interviews with 17 individuals (aged 44–77 years) diagnosed with chronic obstructive pulmonary disease. The interviewer asked open-ended questions aimed at encouraging further narration, and we analysed the participants' narratives using a phenomenological hermeneutical approach. This report adheres to the COREQ guidelines.

[Read more here](#)

## **The nurse's challenge of caring for patients with chronic obstructive pulmonary disease in primary health care**

[Tanja Gustafsson](#)

[Lena Nordeman](#)

The aim was to describe asthma and chronic obstructive pulmonary disease nurses' experiences of caring for patients with chronic obstructive pulmonary disease in primary health care.

[Read more here](#)

## Cystic fibrosis

*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*

Jessup M, Li A, Fulbrook P, Bell SC. **The experience of men and women with cystic fibrosis who have become a parent: A qualitative study.** J Clin Nurs. 2018;00:1–11. <https://doi.org/10.1111/jocn.14229>

Aims and objectives

To explore the experiences of men and women with cystic fibrosis in becoming parents.

Background

As lifespan for people with cystic fibrosis increases, and reproductive technology advances, having a child of their own becomes a possibility.

Bourke, M. and Houghton, C. (), **Exploring the need for Transition Readiness Scales within Cystic Fibrosis Services: A Qualitative Descriptive Study.** J Clin Nurs.

Accepted Author Manuscript. doi:10.1111/jocn.14344

Aims and Objectives

The aim of this study was to explore health care professionals' (HCP) and patients' perceptions of the potential use of a Transition Readiness Scale (TRS) in cystic fibrosis care. This included an examination of barriers and facilitators to its implementation along with the identification of key items to include in a TRS.

## Interstitial lung disease

*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*

Natalya Azadeh, Teng Moua, Misbah Baqir & Jay H. Ryu (2018) **Treatment of acute exacerbations of interstitial lung disease**, Expert Review of Respiratory Medicine,12:4, 309-313, DOI: [10.1080/17476348.2018.1446831](https://doi.org/10.1080/17476348.2018.1446831)

**Introduction:** Interstitial lung diseases (ILD) include a broad range of diffuse parenchymal lung disorders of known and unknown etiologies. Patients with ILD can experience acute exacerbations (AE) which are associated with extremely high morbidity and mortality. Little is known about the etiology of AEs, and whether inciting triggers (such as infection) result in an aberrant inflammatory response in a predisposed host.

**Areas covered:** The majority of data regarding AE-ILD comes from the idiopathic pulmonary fibrosis (IPF) population and is extrapolated to other forms of ILD. For the purposes of this review we have summarized the current literature regarding AE of IPF, and when available have included data from AE of other ILDs.

**Expert commentary:** Therapeutic options for AE are limited without definitive treatments available, and the prognosis is often poor. Treatment is mainly based on correcting hypoxemia, looking for reversible etiologies of respiratory decline, and palliation of symptoms. Overall little is known about the pathogenesis of ILDs and AE-ILD, more research is needed in hopes of identifying better treatment options

## Smoking (general)

### **Home environment influences rangatahi smoking initiation**

A recent study has found that exposure to smoking in the home has become more strongly associated with when adolescents start smoking. The study, which was undertaken by Jude Ball and colleagues at Otago University, investigated the influence of peer and parental smoking exposure on adolescent smoking uptake. Results suggest that smoking outside not only protects kids from second hand smoke but also makes it much less likely that teens will take up smoking themselves.

[Read more here](#)

### **Research suggests promoting smokefree homes may help reduce teen smoking**

New Zealand children and teens growing up in smokefree homes are less likely to take up smoking, even if their parents are smokers, a University of Otago, Wellington, study has found.

[Read more here](#)

### **Adolescent use of electronic nicotine delivery systems**

*The Nurse Practitioner*

March 12, 2018, Volume 43 Number 3 , p 17 - 21

Abstract: Use of electronic nicotine delivery systems is flourishing among adolescents. The long-term effects have not been fully determined; however, literature suggests there is potential for significant harm. Providers must be aware of usage trends, device safety, and product knowledge. Adolescents should be evaluated through routine screening, and cessation counseling should be initiated.

[Read more here](#)

### **Help people make informed decisions when they want to quit smoking, says NICE and Public Health England.**

NICE and Public Health England have published updated guidelines for health practitioners and stop smoking services on the best ways to help people quit smoking.

[Read more here](#)

### **An Exploration of the Perspectives of Associate Nurse Unit Managers Regarding the Implementation of Smoke-free Policies in Adult Mental Health Inpatient Units**

Tania D. Dean, Wendy Cross & Dr Ian Munro  
Issues in Mental Health Nursing Vol. 0, Iss. 0, 2018

*Context:* In Adult Mental Health Inpatient Units, it is not unexpected that leadership of Associate Nurse Unit Managers contributes to successful implementation of smoke-free policies. *Aim:* In light of challenges facing mental health nursing, and limited research describing their leadership and the role it plays in addressing smoke-free policy implementation, the aim of this study is to explore Associate Nurse Unit Managers' perspectives' regarding the implementation of smoke-free policies, which were introduced on 1 July, 2015. *Design, Setting, Participants:* Individual in-depth semi-structured interviews were undertaken six months post the implementation of smoke-free policies. In this qualitative descriptive study, six Associate Nurse Unit Managers working in a Victorian public Adult Mental Health Inpatient Unit, were asked eight questions which targeted leadership and the implementation and enforcement of smoke-free policies. Associate Nurse Unit Managers provide leadership and role modeling for staff and they are responsible for setting the standards that govern the behavior of nurses within their team. All participants

interviewed believed that they were leaders in the workplace. *Main Outcomes:* Education and consistency were identified as crucial for smoke-free policies to be successful. Participants acknowledged that the availability of therapeutic interventions, staff resources and the accessibility of nicotine replacement therapy were crucial to assist consumers to remain smoke-free while on the unit. *Conclusion:* The findings from this research may help to improve the understanding of the practical challenges that Associate Nurse Unit Manager's face in the implementation of smoke-free policies with implications for policies, nursing practice, education and research.

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**Smoking prevalence among doctors and nurses—2013 New Zealand census data**  
*Richard Edwards, Danny Tu, James Stanley, Greg Martin, Heather Gifford, Rhiannon Newcombe*

NZMJ 9th March 2018, Volume 131 Number 1471

New Zealand has an explicit "Smokefree 2025" goal often interpreted as reducing the prevalence of smoking to under 5% by 2025 including among all major population groups.<sup>1</sup> Monitoring smoking among...

## **Tuberculosis**

### **University of Otago researcher at forefront of discovery to help end Tuberculosis**

As World Tuberculosis Day looms on March 24, one of the University of Otago's latest Sir Charles Hercus Health Research Fellows, Dr Htin Lin Aung, is building relationships to help combat the top infectious disease killer in the world.

[Read more here](#)

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of the NZNO College of Respiratory Nurses. It is for NZNO College of Respiratory Nurses only and must not be reproduced without their permission.

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 college administrator: [DianaG@nzno.org.nz](mailto:DianaG@nzno.org.nz)



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