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**Respiratory Care – Asthma, COPD and other Respiratory Illnesses. Support with use of Inhalers and nebulisers including peak flow meter.**

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1. **Purpose & Application**

This policy has been developed to provide guidance and information about how to manage Respiratory Care.

**Respiratory Diseases**

**Triggers for respiratory Episodes**

**Peak Flow Meters / Inhalers / Tablets**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy and to evidence training in recognition and treatment of respiratory care.

**Any Care Staff:** that have had training and are aware of how to support a service user with respiratory care.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Respiratory Diseases and how to care for service users with respiratory problems.**

**Asthma**

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. There is currently no cure, but there are simple treatments that can help keep the symptoms under control, so it does not have a big impact on people’s life.

The exact cause of asthma is unknown. People with asthma have swollen (inflamed) and "sensitive" airways that become narrow and clogged with sticky mucus in response to certain triggers. Genetics, pollution and modern hygiene standards have been suggested as causes, but there's not currently enough evidence to know if any of these do cause asthma.

Most adults with asthma have times when their breathing becomes more difficult.

Some people with severe asthma may have breathing problems most of the time.

**Asthma triggers**

Asthma symptoms often occur in response to a trigger. Common triggers include infections like colds and flu, allergies – such as to pollen, dust mites, animal fur or feathers, smoke, fumes and pollution, medicines – particularly anti-inflammatory painkillers like ibuprofen aspirin, emotions, including stress, or laughter, weather – such as sudden changes in temperature, cold air, wind, thunderstorms, heat and humidity, mold or damp and

exercise

**The most common symptoms of asthma are:**

Wheezing (a whistling sound when breathing)

Breathlessness

A tight chest – it may feel like a band is tightening around it.

Coughing

Many things can cause these symptoms, but they are more likely to be asthma if they:

happen often and keep coming back, are worse at night and early in the morning, seem to happen in response to an asthma trigger like exercise or an allergy (such as to pollen or animal dander)

**Asthma attacks**

Asthma can sometimes get worse for a short time, and it can happen suddenly, or gradually over a few days.

**Signs of a severe asthma attack include:**

Wheezing, coughing and chest tightness becoming severe and constant.

Being too breathless to eat, speak or sleep.

Breathing faster

A fast heartbeat

Drowsiness, confusion, exhaustion or dizziness

Blue lips or fingers

Fainting

Asthma can usually be diagnosed from symptoms and some simple tests such as FeNO, spirometry and peak flow.



**How to use a peak flow meter**

Move the marker to the bottom of the numbered scale, ask the person, if possible, to stand up straight/sit as upright as possible and take a deep breath. Support the service user to breath while the mouthpiece is placed in the mouth between the teeth and support the person to blow out as hard and fast as they can in a single blow. The number that registers must be documented in the service users notes with the date and time of the procedure.

**Chronic Obstructive Pulmonary Disease**

COPD is the name for a group of lung conditions that cause breathing difficulties.

It includes emphysema – damage to the air sacs in the lungs, chronic bronchitis – long-term inflammation of the airways.

COPD is a common condition that mainly affects middle-aged or older adults who smoke. The breathing problems tend to get gradually worse over time and can limit normal activities, although treatment can help keep the condition under control.

**Symptoms of COPD**

The main symptoms of COPD are increasing breathlessness, particularly when active, a persistent chesty cough with phlegm – some people may dismiss this as just a "smoker's cough", frequent chest infections, persistent wheezing, and without treatment, the symptoms usually get progressively worse. There may also be periods when they get suddenly worse, known as a flare-up or exacerbation.

Treatments include:

* Supporting the person to stop, inhalers and medicines – to help make breathing easier,
* Pulmonary rehabilitation – a specialised programme of exercise and education,
* Surgery or a lung transplant – although this is only an option for a very small number of people.

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Inhalers

For people with COPD, usual treatment will be an inhaler. This is a device that delivers medicine directly into the lungs as people breathe in.

There are several different types of inhalers for COPD. The main types include:

* Short-acting bronchodilator inhalers. Bronchodilators make breathing easier by relaxing and widening the airways.
* Short-acting inhalers should be used when breathless, up to a maximum of 4 times a day.
* Long-acting bronchodilator inhalers. A long-acting bronchodilator inhaler will usually be prescribed if people experience symptoms regularly throughout the day. These work in a similar way to short-acting bronchodilators, but each dose lasts for at least 12 hours, so they only need to be used once or twice a day.

**Steroid inhalers**

GP may prescribe a steroid inhaler as part of treatment if the person is still becoming breathless when using a long-acting inhaler, or they have frequent flare-ups (exacerbations). Steroid inhalers are normally prescribed as part of a combination inhaler that also includes a long-acting medicine.

**How To Use an MDI Inhaler Without a Spacer.**

* Take off the mouthpiece cover, then shake it for 5 seconds.
* Hold the inhaler up with the index finger on top and the thumb underneath to support it.
* Breathe out. Put the mouthpiece between the teeth and close the lips tightly around it. (Make sure the tongue does not block the opening.)
* The mouthpiece can also be held about the width of two fingers away from the mouth.
* Press the top down and breathe in until the lungs fill completely - about 4-6 seconds.
* Hold the medicine in the lungs for as long as possible (5-10 seconds is good), then breathe out.
* If not enough air has been taken in the first breath, wait 15-30 seconds and try again. Shake the canister again before the next puff. Recap the mouthpiece.
* If the medicine has a steroid in it, rinse the mouth and gargle with water after using the inhaler then spit out the water.

 

**How To Use an MDI Inhaler *with* a Spacer**

* Put the inhaler into the spacer and shake it for 5 seconds.
* Hold the inhaler up with the index finger on top and thumb underneath to support it. Use the other hand to hold the spacer if needed.
* Breathe out.
* Put the mouthpiece between the teeth and close the lips tightly around the spacer. (Make sure the tongue does not block the opening.)
* Press the top down and breathe in until the lungs fill completely - about 3-5 seconds.
* Hold the medicine in the lungs for as long as possible comfortably (5-10 seconds is good), then breathe out.
* If there is not enough air in the first breath, wait 15-30 seconds and try again. Shake the inhaler again before the second puff.
* Do not fill the chamber with two puffs of medicine at once.
* Recap the mouthpiece.
* If the medicine has a steroid in it, rinse the mouth and gargle with water after using the inhaler. Spit out the water.

All inhalers are prescribed by the GP on an individual basis, and it is important to make sure that there is a sufficient supply in stock to make sure they are always available for use. Spacers must be washed after use and be ready for the next prescribed dose. All respiratory devices must only be used as prescribed and documented on the service users MAR records and be included in the plan of care with staff guidance.

**Tablets**

If symptoms are not controlled with inhalers, the GP may recommend taking tablets or capsules as well and these are prescribed on an individual basis as needs dictate.

Possible side effects include feeling and being sick, headaches, difficulty sleeping (insomnia),

noticeable pounding, fluttering or irregular heartbeats (palpitations).

**Steroid tablets**

If the person has a particularly bad flare-up, they may be prescribed a short course of steroid tablets to reduce the inflammation in your airways.

**Antibiotics**

The doctor may prescribe a short course of antibiotics if there are signs of a chest infection.

**All pictures are for example only and may appear different when prescribed.**

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| **Service Specific Information** | |
| Are breathing care plans in place where necessary? Are base observation levels included in the care plan and is a rescue plan in place? |  |
| Where are inhalers/spacer devices stored? |  |
| Is there a cleaning schedule in place for the cleaning of Spacer devises? |  |
| Where is the Oximeter stored? |  |
| Who is responsible for ensuring adequate supplies of medication? |  |
| If Oxygen on the premises – is this covered in the PEEPs, fire risk assessment and is it stored correctly? |  |

1. **Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favorably than another on the basis of: |  |  |
| * Race? | No |  |
| * Ethnic origins (including gypsies and travelers)? | No |  |
| * Nationality? | No |  |
| * Gender? | No |  |
| * Culture? | No |  |
| * Religion or belief? | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people? | No |  |
| * Age? | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.