HAWKE'S BAY DISTRICT HEALTH BOARD	Manual:	Clinical Practice Guidelines		
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Pulmonary Long Term Management	Approved:	Director of Nursing – Hospital		
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#### **PURPOSE**

To provide guidelines for clinical staff in relation to the purpose and process of Pulmonary Long Term Management provided for patients with respiratory conditions by the Hawke's Bay District Health Board ("HBDHB").

### **PRINCIPLES**

- Pulmonary Long Term Management is a multi-dimensional continuum of services for people diagnosed with pulmonary disease and their whānau/families. This is provided by an interdisciplinary team of specialists, general practice and community services with the goal of achieving and maintaining the individual's maximum level of independence and functioning, leading to increased health literacy, self-management and exercise tolerance.
- **Pulmonary Rehabilitation** is an intervention of Pulmonary Long Term Management. It aims to reduce symptoms, improve quality of life, and increase physical and emotional participation in everyday activities, whilst diminishing the healthcare burden.
- Pulmonary Rehabilitation is the standard of care for patients suffering from Restrictive and Obstructive Pulmonary Disease. It has been carefully evaluated in a large number of clinical trials and is considered best practice for non-pharmacological treatment.
- **Pulmonary Rehabilitation** is provided in multiple settings including gyms, aged care facilities, mental health support facilities, community settings, at home and in the hospital.

## SCOPE

Any health care professionals providing care for patients/clients with respiratory disease.

## **REFERRALS**

Referrals completed on a Community Nursing Referral form are faxed to the HBDHB Community Nursing Service (06 878 1310) and can come from any health care professional. Questions can be answered by emailing Pulmonarymanagement@hbdhb.govt.nz

# Patient Selection Criteria for Pulmonary Rehabilitation

- COPD (spirometry result = FEV1 <80% of predicted and FEV1/FVC ratio <70%).</li>
- Diagnosis of restrictive or obstructive disease, ideally with lung function test
- Diagnosed respiratory disease with upcoming surgery which will require breathing control or anaesthesia.

# **Exclusions**

Myocardial infarction within four weeks/unstable angina/uncontrolled hypo/hypertension, cataract surgery within the last four weeks.

#### Other Considerations

Severe arthritis or locomotor problems/dementia/unstable psychiatric Illness.

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# PATIENT INFORMATION

Patients being referred should be given an explanation of the programme along with the Pulmonary Rehabilitation pamphlet. They are to be advised they will be contacted by someone from the Pulmonary Long Term Management Team, post discharge for assessment for the programme.

#### STAFF RESOURCES

Further information/advice can be obtained from the Pulmonary Long Term Management Services.

- Pulmonary Long Term Management Pamphlet
- Community Nursing Referral Form
- Physiotherapy Resource Folders



## STRUCTURE AND COMPONENTS OF THE PROGRAMME

Assessment prior to commencement of the programme involves triage, symptom review, health literacy education, goal setting and referrals.

Three levels of support

- Hauora Taupori / Population Health Take Whāwhai kore' / Low risk: Assessment and d/c back to general health care practitioner for ongoing support.
- Kaitautoko / Supportive Take Āhua Whāwhai / medium risk: Assessment and Pulmonary Rehabilitation
- Take Whāwhai / high risk: Assessment and increased interventions. One on one Pulmonary Rehabilitation.

Ten-week outpatient group Pulmonary Rehabilitation programmes involving two sessions per week of individualised exercise prescription, education and support.

Programmes available in Napier, Hastings, Taradale, Flaxmere, Havelock North, Wairoa and Waipukurau, and are provided by an interdisciplinary team.

Individualised programmes are considered when there are barriers to attending a full community programme and are provided by the Pulmonary Long Term Management team.

Patient evaluation is through assessment of a six minute walk test, quality of life questionnaire, and hospitalisation presentation rate. (Pre and post programme). Programme evaluation through questionnaire.

Support is ongoing, provided by the Pulmonary Long Term Management team and other services.

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# **KEY WORDS**

COPD Chronic Chronic Obstructive Pulmonary Pulmonary Pulmonary Rehabilitation



# **BORG SCALE**

0	No Breathlessness at all
0.5	Very Slight (just noticeable)
1	
2	Slight Breathlessness
3	Moderate (faster and deeper but able to talk in short sentences)
4	Somewhat Severe
5	Severe Breathlessness
6	
7	Very Severe Breathlessness
8	
9	Very Very Severe (almost maximum)
10	Maximum

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W. W.		T. 1 . D.	CAT
Your Name:		Todays Date:	CAI
	ノし		COPD Assessment Test

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

Example: I am very happy	0 (12) 3 (4) 5	I am very sad	
			SCORE
I never cough	0 1 2 3 4 5	I cough all the time	
I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is completely full of phiegm (mucus)	
My chest does not feel tight at all	012345	My chest feels very tight	
When I walk up a hill or one flight of stairs I am not breathless	012345	When I walk up a hill or one flight of stairs I am very breathless	
I am not limited doing any activities at home	012345	I am very limited doing activities at home	
I am confident leaving my home despite my lung condition	0 1 2 3 4 5	I am not at all confident leaving my home because of my lung condition	
I sleep soundly	012345	I don't sleep soundly because of my lung condition	
I have lots of energy	0 1 2 3 4 5	I have no energy at all	

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