



QRC: 3233

Price

One Day : \$398 inc. GST

Two Days: \$520 inc. GST

Date

12 - 13 Nov 2018

Venue

Oaks On Collins

480 Collins St , Melbourne, VI, 3000

CPD Hours

12 Hours | 0 Mins

Respiratory Nursing 2018

Oxygen Therapy, Arterial Blood Gas Analysis, Acute Respiratory Failure, Pneumonia, Asthma, Chronic Lung Disease and much, much more...

Need for Program

Respiratory symptoms are common and nearly a third of Australians live with a chronic respiratory condition. In 2011, more than half a million deaths were related to COPD alone. Most nurses will care for people with these conditions and effective evidence-based management can change the course of their recovery, symptom impact, quality of life and even survival.

Purpose of Program

The purpose of this seminar is to enable you to apply evidence-based knowledge and skills to your nursing practice with people with respiratory disease.

Learning Outcomes

At the conclusion of this program it is expected that the participants will be able to:

- Conduct a comprehensive respiratory assessment based on knowledge of anatomy and physiology
- Differentiate between a range of common acute and chronic respiratory signs and symptoms
- Translate evidence-based management principles to nursing interventions of common respiratory illness
- Alleviate respiratory distress by direct interventions and providing education to enable self management

Program Schedule

Day One

8:30am - Registration and Refreshments

9:00am

Introduction to Respiratory Nursing Skills

With the prevalence of respiratory disease in our community, it is likely that no matter where you work, some of your patients will have respiratory disease as either their primary or secondary diagnosis. We will review the objectives of this seminar and discuss the prevalence of respiratory disease in Australia:

- Respiratory disease is a significant cause of ill health and hospitalisation in Australia
 - It is estimated that more than 7 million Australians over the age of 35 may be at serious risk of lung disease
 - More women in Australia die from lung cancer than breast cancer
-

9:15am

Respiratory Anatomy and Physiology Overview

An overview of the anatomy and physiology of the upper and lower airways, relating this to the complex processes underpinning respiration, gas exchange, and ventilation. Review understanding of respiratory terms:

- respiration (internal and external)
 - gas exchange
 - normal ventilation in the healthy person
 - negative pressure ventilation vs positive pressure ventilation
-

10:45am - Morning Tea and Coffee

11:00am

Oxygen - the Good and the Bad, the Pink and the Blue

This session considers what all nurses need to know about oxygen in relation to clinical care, including the rationale for selection of oxygen therapy in relation to individual patient needs and pathophysiology. Includes:

- Acute respiratory failure and the role of carbon dioxide and oxygen
- Oximetry and the physiology of haemoglobin, monitoring oxygen saturations
- Exploring the concepts of hypoxaemia, hypoxia and respiratory failure
- Oxygen delivery systems – choosing the correct therapy

12:30pm - Lunch Break and Networking

1:30pm

Arterial Blood Gases - Basic Interpretation

ABG analysis is complex and daunting for many nurses, however, through an understanding of the science we can demystify it. This session will include facilitated practical ABG analysis to consolidate your learning. Includes:

- Dalton's Law of partial pressures
 - Normal ABG values
 - pH of the blood and the influence of acidosis on gas exchange
 - A guided approach to the steps of analysis of ABG results
-

3:00pm - Afternoon Tea

3:30pm

Acute Respiratory Failure

What causes the respiratory system to fail and why? Understanding the pathophysiology can enhance your clinical reasoning skills and guide best-practice management decisions. Here we examine the pathophysiology of common causes of acute respiratory failure, including:

- Acute pulmonary oedema
 - Pulmonary embolism
 - Airway obstruction and foreign bodies
 - Assessment of respiratory compromise
 - Pathophysiology of cough, stridor, dyspnoea, wheeze and sputum production
 - What pain is that?
 - Immediate care of the breathless patient
-

5:00pm - Close of Day One of Seminar

Day Two

9:00am - Commencement of Day Two

9:00am

Day One Review and Day Two Objectives

9:10am

Asthma - What Is It? Types, Triggers and Treatment

Asthma is a common condition across the lifespan and may be exacerbated during illness. All nurses will care for people with asthma either as their primary or secondary diagnosis, so an in-depth understanding is essential:

- Acute asthma and management
 - Chronic asthma and prevention
 - Childhood asthma
 - Assessment of asthma
 - Exacerbations of asthma
 - Medicines used in asthma and other reactive respiratory diseases
 - Asthma plans and discharge instructions
 - Interactive case studies
-

10:30am - Morning Tea

11:00am

Chest Infections and Pneumonia

Respiratory tract infections are common and are often the reason for admission. They can also develop secondary to other chronic disease or acute illness. This session will cover:

- Assessment and management of the patient with infective lung disease
 - Pneumonia and related pathophysiology
 - Types of infective lung conditions, such as influenza
 - Influenza
 - Management including antibiotic choices
 - ARDS - introduction of concepts
 - Considerations in care of the elderly or immunocompromised
 - Paediatric respiratory conditions - bronchiolitis and croup
 - Transmission precautions
 - Interactive case study
-

12:30pm

Chronic Lung Disease

Respiratory diseases such as chronic obstructive pulmonary disease require lifelong, specialist management. Other chronic respiratory diseases will also be discussed. Includes:

- Defining COPD and looking at stages
 - Asbestosis and carcinoma
 - The physiology of anoxic drive, hypoxic drive and CO₂ retention
 - Can I put oxygen on?
 - Long-term management of COPD
 - Medication and lifestyle changes
-

1:00pm - Lunch Break and Networking

2:00pm

Lung Trauma and Pneumothorax

Injuries to the respiratory system, or surrounding tissues can have implications for respiration, gas exchange and ventilation. Learn about the implication of these injuries, their immediate management and specific interventions including chest drainage.

- Penetrating injuries
 - Crush injuries
 - Burns and inhalation burns
 - Foreign bodies
 - Pneumothorax - the physiology of pleural negativity
 - Concepts of chest drainage
 - Immediate management of chest trauma and pneumothorax
 - Interactive case study
-

3:30pm - Afternoon Tea

4:00pm

Respiratory Disease?

When are respiratory symptoms not directly caused by respiratory disease? Some neurological or cardiac conditions can have respiratory effects, as can many medicines.

- Respiratory symptoms due to side effects of medicines
- Cardiac conditions with respiratory symptoms
- Neurological conditions with respiratory effects

4:20pm

Chest X-rays - What Can We See?

When are respiratory symptoms not directly caused by respiratory disease? Some neurological or cardiac conditions can have respiratory effects, as can many medicines.

- Interpretation of acute diseases and injuries
 - Other modalities for radiological assessment
-

4:40pm

Monitoring and Assessment of Respiratory Conditions

This final interactive session will tie the last two days together with assessment tools and techniques.

- Selection of assessment tools
- Spirometry concepts
- Short practical session on respiratory assessment

5:00pm - Close of Seminar and Evaluations

Presenters

John Serginson

John Serginson has been a Nurse Practitioner employed in respiratory care at the Caboolture Hospital since 2010. He completed his Nurse Practitioner Master's degree at the University of Queensland (UQ) with clinical training at The Prince Charles Hospital. He is an Adjunct Lecturer in the UQ School of Nursing and Midwifery. With 29 years' experience as a nurse (16 in respiratory care), his research interests include domiciliary oxygen, inhaled therapy and COPD models of care.

Registration form

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