Cough Assist: Look at the present to improve the future. Evidence in a Long-term care Unit.

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Introduction

In Portugal, respiratory diseases affect about 40% of the population and are a major cause of illness and death. Unlike other diseases their number increases every year, being one of the leading causes of hospitalization (Associação Portuguesa de Pessoas com DPOC). The Cough Assist is a device that provides a valuable aid in the effective management of respiratory rehabilitation of people with severe respiratory function. Without replacing the rehabilitation nurse, it improves the effectiveness of the recovery plan, if used by a professional who knows how to adjust device parameters and specificity of the cared period (Jana, A., 2010).

Methodology

This study was conducted between December 1, 2013 to April 30, 2014, based on a population of 69 patients. It was held at the Long-term care of Santa Casa da Misericórdia of Amarante. In this study are all patients to whom the nursing diagnosis “ineffective airway cleaning” with criteria and indication for use of cough assist were identified. Taking into account the objectives and characteristics of the research we decided for an exploratory and descriptive study that aimed to assess the efficiency of cough assist. For all data collected in this investigation a database was created in version 17.0 of the SPSS program (Statistical Package for Social Sciences).

Objectives

- Increasing peak flows of respiratory cough and reduce recurrent respiratory infections;
- Reduce, by invasive methods of aspiration the patient discomfort and associated complications such as mitigating hypoxia, tissue damage and infection;
- Reduce the aspirations of deep airway secretions;
- Keep the airways open for longer periods of time compared to tracheal aspiration resulting in fewer complications;
- Reduce the use of antibiotherapy associated with effective cleaning airway.

Results

Our sample consists of 12 patients, mostly male (92%), aged between 56 and 90 years, with an average of 73.6 years old.

With respect to diagnosis for admission, (29.7%) was the diagnosis of "cardiovascular disease" followed by "respiratory diseases" (21.9%).

With regard to the antibiotherapy, we found that it was reduced from 18.9% to 2.7% the use of antibiotics.

Regarding the diagnosis "of ineffective airway cleaning", we found that before the use of Cough Assist, 18.9% had the diagnosis "of ineffective airway cleaning" and after the Cough Assist we verified only 5.4%.

We also verified a gradual and significant decrease in the consumption of medicinal gases.

In this study period, only one patient had needed to be transferred to the ER / Hospitalization.

Conclusion

Upon completion of this study, we believe that the successful implementation of the Cough Assist, is an asset for patients and for the strategic management of the Unit. To keep the airway open, is crucial cough effectively using a non-invasive technique for removal of secretions from the bronchial tree in patients unable to cough effectively. At the end of this study we think we achieved the objectives originally proposed, contributing to the excellence of care.

Bibliography

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