



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 561

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**The role of Respiratory Nurse in Pulmonary Rehabilitation Program for patient with Chronic Respiratory Disease**

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**Keywords:**

Pulmonary rehabilitation

Respiratory nurse role

**Introduction**

Chronic Obstructive Pulmonary Disease (COPD) is a global health problem. The disease burdens are very high and it utilizes a lot of healthcare resources. In 2011 HA statistical report, it accounted for 4% of public hospital annual admissions. In 2009-2010, there were 6945 admission episodes and 1628 patients died of COPD and associated complications. Pulmonary Rehabilitation Program (PRP) is a multidisciplinary, individually tailored program for patients with chronic respiratory impairment. Respiratory nurse is a key program member in that she facilitates the program to exert its maximum positive outcomes and optimize patient physical and social performance and autonomy.

**Objectives**

Through nurse-led activities in the PRP, its aims to: - Reduce AED attendance, emergency admission & hospital length of stay - Improve patient's quality of life and self-efficacy on management of COPD exacerbation

**Methodology**

Respiratory nurse takes part in co-ordination and liaison in the multi-disciplinary team. Both hospitalized and discharged patients who suit the inclusion criteria are recruited. Respiratory nurse performs health assessment and provides education; enhances patient understanding of the physical changes and the disease progress. She motivates patient, interviews family members and renders psychological support for coping with the disease. She supervises on assisted devices such as oxygen therapy or home non-invasive ventilation equipment, monitors puff technique and the compliance of oral and inhaled medication. Smoking cessation counseling; dyspnoea management, coping skills of COPD exacerbation, post discharge support and telephone follow up are all integral parts of the program with Respiratory nurse active participation.

**Result**

In 2012, 33 patients were recruited to the program and 180 nurse initiated training and education sessions were provided with 135 telephone follow up arranged. With the collaborative efforts of multidisciplinary members, there were 51% reduction in AED

attendance, 48% decrease in emergency admission and 25% decrease in hospital length of stay. All patients demonstrated increased medication compliance, proper inhaler technique and dyspnoea coping skills during subsequent specialist clinic assessment. In conclusion, Respiratory nurse plays a pivotal role in Pulmonary Rehabilitation Program for COPD patients. Apart from patient knowledge enhancement and symptoms management, the reduction of health services utilization helps to decrease the economic and manpower burdens of the hospital.