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“RESP” of a ventilator area in respiratory specialty unit of a district hospital

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Introduction

There is rising demand for those on invasive mechanical ventilation (IMV) or non-invasive ventilation (NIV) and ventilator-dependent patients in intensive care unit or respiratory high dependence unit. These patients could have better outcomes when they are managed in speciality unit with trained respiratory professionals. Ventilator area in respiratory specialty unit could be an option to meet the rising demand for life-threatening conditions with complex needs at a lower cost.

Objectives

To establish a ventilator area with “RESP” approach

Methodology

A ventilator area has been established since 2001 with strong focus on NIV, ventilator weaning, respiratory procedures, tracheostomy care, case management and transitional care. A “RESP” approach is used in the ventilator area. 1. Respiratory Specialty Nurses Nurse to patient ratio is 1:4. The nurses are entitled as respiratory specialty nurses under Specialty Nurse Recognition Scheme of HA. Also, most of them had one-year ICU experience. For those who are selected to participate in the ventilator area will receive specific training workshop and direct coaching. 2. Equipment Patients with IMV and NIV require intensive and extensive monitoring, different modes of ventilator for weaning and different interfaces for provision of ventilation. Besides, resuscitation equipments are available for emergency situation. Specialized respiratory procedures could be provided, including bed-side bronchoscopy, polysomnography and titration. 3. Standard of Respiratory nursing care Standard practices of respiratory nursing care were developed with reference to best available evidence and Respiratory nursing specialty guidelines of HA. The standards include care for patient on IMV and NIV, care for patients who need extubation and Ventilator associated pneumonia prevention. 4. Pre-discharge plan Pre-discharge plan are provided to patients and carers with high dependence and complex needs such as long-term IMV care, long-term NIPPV care and long-term

tracheostomy care. The service models of transitional care, primary nursing and case management were adopted respectively.

Result

Result There have been 899 patients on IMV or NIV recruited since 4/2006. In 2001, we provide nursing services to 24 IMV cases with mean age of 75.9. The length of stay was 10.3 days and the successful weaning rate was 73.9 %. Moreover, we cared 97 NIV cases with mean age of 74.5. The length of stay was 7.1 days and the successful weaning rate was 88%. Conclusion Ventilator area with competence respiratory professionals in respiratory specialty unit of acute hospital could provide quality service for those on invasive or non-invasive ventilation and ventilator dependent patients at a lower cost.