The nurse’s role in managing patients with bronchiectasis

An overview of treatment and management of patients with bronchiectasis

Adherence to physiotherapy is often poor, mainly because of the commitment and time required for this intervention.

During periods of infection, the patient may expectorate large volumes of sputum which can be offensive.

Patients may require support to manage this and prevent cross-infection. Nurses should be alert to the need for regular clean sputum pots, tissues and good oral hygiene.

It is important to monitor hydration and replace fluid loss associated with increased sputum production.

If sputum is thick and difficult to expectorate, patients may benefit from nebulised sodium chloride solution to help liquefy secretions.

Another strategy is ultrasonic nebulisation, in which the size of droplets is smaller than in jet nebulisers. This facilitates the hydration of secretions and smaller droplets can be inhaled further down in the airways.

Evidence supporting the use of mucolytics such as carbocisteine and acetylcysteine is poor, although some patients and clinicians believe they help expectoration (Rubin, 2007; Crockett, 2001).

In patients with airway reversibility, short-acting bronchodilators should be taken before physiotherapy to facilitate airway opening and drainage of sputum. Long-acting beta_2_ agonists, inhaled corticosteroids and nebulised antibiotics

FIG 1. Vicious circle in bronchiectasis

PRACTICE REVIEW

KEYWORDS  BRONCHIECTASIS | RESPIRATORY NURSING | HOST DEFENCE

REFERENCES


