Respiratory Physiotherapy

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Aims and Objectives

- Highlight symptoms and conditions physiotherapy can effect
- Outline physiotherapy techniques and role within MDT
- Highlight criteria for oncall physiotherapy
- Describe how to refer patients to physiotherapy
Symptoms physiotherapy can effect

- Retained Secretions
- Volume loss
- Increased WOB
Assessment

- Specialist Respiratory Assessment
  - Auscultation
  - Review CXR
  - Interpret ABG’s and bloods
  - Look into fluid management
  - Outline main problems
Treatment Techniques

- Breathing Exercises
- Mobilisation
- Positioning
- Manual techniques
- IPPB
- Cough assist
- Suction
- MHI
- Advice re: BiPAP / CPAP
Who to Refer?

- Patient in respiratory distress
- Acute deterioration
- Has had recent medical review and appropriate investigations e.g. X-ray and ABG
- For active treatment
Conditions

- Pneumonia
- Post op atelectasis /collapse
- Know chronic respiratory condition with exacerbation ie, CF, COPD, Neuromuscular patients
- Intubated patient with acute deterioration
Who we can’t help

- Pulmonary Oedema
- Pleural effusion
What we need to know

- Patient name and location
- Reason for admission
- Reason for deterioration / Dr r/v
- CXR results
- Obs / ABG
- Main Problems
Who would you refer?

- 80 yr old male with pulmonary oedema resulting in increased WOB and increasing oxygen demands?
- 24 yr old poly-trauma I&V in ITU with copious retained secretion the N/S are struggling to clear?
- Post operative Whipples with Right Pleural Effusion and SOB?
How to contact us!

- Via switch (100)
- Ask for on call Physiotherapist (Mon – Fri 4pm-8am and weekends)
- During the day there will be a Physiotherapist on every ward or via switch