SECTION: 2 RESPIRATORY PROBLEMS AND MANAGEMENT

RESPIRATORY PHYSIOTHERAPY

To assist with clearance of secretions in specific pulmonary conditions. The decision to use chest physiotherapy is individualised, commenced and performed by a physiotherapist on referral from a consultant or SR.

INDICATIONS

Lung collapse on CXR or Aspiration on CXR

CONTRAINDICATIONS

- Unstable infant, low blood pressure, apnoeas, bradycardias or severe desaturation on handling.
- Recent IVH
- Hypothermia
- Recent pneumothorax and risk or reoccurrence
- PIE
- Pulmonary haemorrhage
- Thrombocytopenia
- Evidence of osteopenia on Xray

KEY POINTS

The physiotherapist will liaise with the nurse caring for the infant to organise the appropriate time for treatment.
A nurse must be in attendance at all times during physiotherapy to attend to the infant's needs and make ventilator changes.

PROCEDURE (To be performed by physiotherapist)

- If infant is on continuous feeds, turn feed off 10 minutes prior to treatment.
- Observe HR and oxygen saturation.
- Observe ventilator settings and modality: if on SIPPV/PSV reduce the sensitivity of trigger from 1.0 to 1.6 to avoid triggering due to artefacts like manual vibration.
- Auscultate and perform suction as necessary.

Respiratory physiotherapy may include:-

- **Vibration**
- **Percussion**
- **Gravity assisted drainage position**

If the physiotherapist leaves instructions for gravity assisted drainage. Position infant according to instructions and diagrams.
Ensure positioning is documented.

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National Standards – 1- Care provided by the clinical workforce is guided by current best practice
Legislation
Related Policies - Nil
Other related documents – Nil

RESPONSIBILITY	
Policy Sponsor	**Neonatology Clinical Care Unit**
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