### A DISEASE PROCESS MODULE: COMMON RESPIRATORY CONDITIONS





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### A Disease Process Module: COMMON RESPIRATORY CONDITIONS

### **Instructions for the Learner**

## If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need <u>8</u>
  <u>correct</u> to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at <u>feedback@knowingmore.com</u> with your comments and/or suggestions for improving this inservice.

THANK YOU!



We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

After finishing this inservice, you will be able to:

Describe the basic structures and function of the respiratory system.

\*\*\*

Compare the common cold and the flu and explain how to help clients recover.

\*\*\*

Help clients identify and avoid triggers that worsen allergies and asthma.

\*\*\*

Identify and report early warning signs of pneumonia so treatment can be started.

\*\*\*

Plan a care routine for COPD sufferers that conserves energy <u>and</u> maximizes independence.

\*\*\*

List at least three things you can do to prevent common respiratory illnesses.

\*\*\*

Explain how smoking damages the respiratory system.



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A Disease Process Module: Common Respiratory Conditions

### THE SIMPLE ACT OF BREATHING



Take a deep breath in. Let it out slowly. Feel the rise and fall of your chest. It's such a simple thing to do and yet it's absolutely vital for life.

Whether you're working, sleeping or just watching television, you are breathing. And breathing is so important to life that it happens automatically. If you're not breathing, you're not living!

So, what's really happening in our bodies when we breathe? And, what happens when an illness or disease makes breathing difficult?

In this inservice, you'll learn all about the respiratory system and you'll take a look at some common respiratory conditions, like colds, the flu, allergies, asthma, pneumonia, and COPD.

As you read, keep in mind that this inservice only provides a brief overview of common respiratory problems. If you'd like in-depth information about any of these topics, be sure to check out these more detailed inservices:

- Understanding Asthma
- Understanding COPD
- Understanding Pneumonia
- A Tuberculosis Update
- Protecting Clients During Flu Season
- The Effects of Smoking

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!



### AN OVERVIEW OF THE RESPIRATORY SYSTEM



The respiratory system is broken into two "tracts," the upper respiratory tract and the lower respiratory tract.

#### The upper respiratory tract includes the:

Nose

- Pharynx
- Sinuses
  Trachea

#### The lower respiratory tract includes the:

- Bronchi
- Lungs
- Bronchioles
- Alveoli (see below)

The entire respiratory system has a soft, wet lining called the *mucus membrane*. The mucus membrane protects the body by making mucus which can trap things like pollen, germs, or smoke.

The mucus membrane is lined with tiny hairs called *cilia*. When something gets stuck in the mucus, the cilia begin to wiggle in a wave-like motion to move the trapped particles upward. It's sort of like an escalator moving people to the next floor.

The cilia move the trapped particles to the throat where they can be coughed out.

### HOW DOES THE RESPIRATORY SYSTEM WORK?

Each time a person breathes, air enters the mouth or nose.

- From there, it passes through the pharynx, which forces air into the trachea.
- Then, the air goes through the *bronchi* to the *bronchioles* which spread out like the branches of a tree.

From there, <u>millions</u> of very small airways carry the air to tiny air sacs called **alveoli.** 

• These tiny air sacs deliver the air to the blood.

In the *normal* lung, air has no problem getting through to the air sacs because airways are clear and open.

#### What can go wrong?

- A common cold or the flu can cause excess mucus and swelling in the airways that can make breathing a challenge.
- People with *asthma* can have swelling and tightening in the bronchi which keeps air from getting to the lungs.
- COPD causes the airways to become stiff, making deep breathing difficult.

To make matters worse, as people age, it's normal to have a less forceful cough and fewer cilia. This means, when things like germs or pollen get trapped in the mucus, they can't GET OUT!





# EXGLIES ADA5 PATERA

### **CURING THE COLD**

One study found that when cold sufferers feel that their doctor is truly empathetic—friendly, reassuring, making them feel at ease—their cold is reduced by a full day, compared to those who didn't get such TLC at the doctor's office.

What does this mean for you? Well, it means you may be able to shorten your clients' colds just by doling out a little *caregiver empathy*!

Here are a few things you can do to show empathy to cold sufferers:

- Ask how the person is feeling.
- Offer comfort items, such as a blanket, food, or a warm drink.
- Be positive and pleasant.
- "Check up" on them to let them know you care.

### A CLOSER LOOK AT THE COMMON COLD

The common cold is an infection caused by any one of over 200 viruses.

Because there are so many viruses that can cause a cold, signs and symptoms can be very different with each infection.

#### The most common symptoms of a cold include:

- Runny nose and/or congestion.
- Sore throat.

- Cough.
- Headache.

There is usually **no fever** with a cold. If a fever develops, it may be a sign that there is another infection going on somewhere in the body.

The mucus from the nose and the droplets that come out of the mouth when coughing or sneezing are *highly* contagious.

Nasal discharge is usually clear and thin at first, then becomes thicker and turns <u>yellow</u> or <u>green</u>. *This is a normal part of the common cold*.

Most colds are over in about seven days. Some symptoms, like a tickly cough, may linger another week.

### How is the common cold treated?

There is no cure for the common cold. And, since a cold is caused by a virus (not a bacteria) an antibiotic is <u>not</u> needed. The best treatment for a cold is:

- **Rest and Fluids:** Rest helps the body fight the infection. Fluids help loosen the mucus and prevent dehydration.
- **Cold Medicine:** Check with your supervisor before your client takes any cold medicine. Their regular medications may not be safe to take with over-the-counter cold remedies.
- **Chicken Soup:** The heat, fluid, and salt may be what helps fight the infection!



### How You Can Help:

- Perform frequent mouth care.
- Clean the environment to keep the germ from spreading or re-infecting your client.
- Run a cool mist humidifier or "vapor plug-in" product for a great, drug-free way to clear congestion.
- Warm (not hot), decaffeinated herbal tea with honey can help loosen mucus, clear congestion, and ease a sore throat.
- Report right away if your client has trouble breathing, develops a fever, has a severe sore throat, or if symptoms last longer than 10 days.

### **FOCUS ON THE FLU**

The flu (or "influenza") is a respiratory infection caused by a virus. These tiny "bugs" are *highly contagious* and affect millions of people all around the world every year. It takes just one sneeze or cough to spread thousands of germs into the air, which are then free to infect other people!

#### Symptoms often appear <u>suddenly</u> with the flu, and include:

• Fever.

- Weakness.Cough.
- Body aches (usually back and limbs).
- Sore throat.
- Chills or severe sweats.
- Congestion or runny nose.
- Difficulty breathing.

Poor appetite.

Sometimes the flu can get worse when the person has other medical conditions like, asthma, diabetes, or heart failure.

A common problem among the elderly is when the flu leads to pneumonia. If pneumonia develops, you will see a high fever and a cough that brings up yellow, green, or rust-colored sputum.

### How is the flu treated?

Even though the flu is a virus, there are medications called anti-virals that can help. They are sort of like antibiotics used for bacterial infections, but they are for viruses.

Anti-viral medicine for the flu must be started **within 48 hours** of the first symptoms or they may not do their job of making the symptoms less severe and shortening the time the virus sticks around.

If your client is not able to take an anti-viral, you'll follow the treatment suggestions for the common cold which include rest, fluids, and symptom relief.

### How You Can Help:

- **Give a warm shower or bath.** The hot steam can help clear sinuses and relax your clients while they are sick.
- Encourage smokers to limit their intake. Smoke can damage the respiratory system making the flu much more severe.
- Remind clients to take anti-viral medications exactly as prescribed. Just like antibiotics, anti-virals must be taken until the course is complete (usually five days). Not finishing the medication can make the flu worse.



Myths Busteil

Here are a couple of common myths about the flu:

**MYTH #1:** Having an upset stomach could mean that you are getting the flu.

While some clients may become queasy or sick to their stomach with the flu, it is not a common symptom—and what we call "stomach flu" is not really influenza.

**MYTH #2:** Being exposed to cold weather can cause a cold or influenza.

Large epidemics of the flu do occur during the winter months, but not because of the weather. According to scientists, the months between November and April are simply when the virus is most active and most likely to spread.

### ACHOO ... ALLERGIES!

The pollen from trees, flowers, and grasses can irritate the lining of the upper respiratory tract.

Cigarette smoke, household dust, dust mites, pet dander, molds, and even cockroaches can also cause an upper respiratory allergic reaction.

Seasonal allergies from pollen are more common in the spring and fall and usually only last a few weeks.

#### The most common symptoms of allergies include:

 Runny nose, congestion.

Headache.

- Sinus pressure.
- Cough.
- Itchy eyes and nose.
- Sore throat, hoarseness.

If the symptoms last a long time without relief, the person may be developing a sinus infection.

### How are allergies treated?

The most important treatment for allergies involves finding the *"trigger"* (what causes the problem) so it can be avoided!

There are several medications that may be prescribed including nasal sprays, antihistamines, and decongestants. (*Please note: People with high blood pressure may not be able to take decongestants.*)

A common side effect of older antihistamines, like Benadryl, is mild sedation. Newer antihistamines like Claritin or Zyrtec usually do not have this effect.

### How You Can Help:

- If dust or dust mites are the problem, wash bedding in hot water weekly, limit carpeting and furniture in the bedroom (or wherever the client sleeps).
- If pollen is the problem, have your client stay indoors during the peak seasons. Keep doors and windows closed. Run an air conditioner with a good filter. Wash filters weekly.
- Avoid pets or smokers if they cause an allergic reaction.

### **SUFFERING SINUS INFECTIONS**

The sinuses are small pockets of space that are lined with mucus membranes and are located behind the forehead, nose, cheeks, and eyes .

A sinus infection is any swelling of the sinuses. Sinus infections usually come after a cold, flu, or an episode of allergies that does not improve after five to seven days.

When the sinuses become swollen and mucus builds up, bacteria and other germs can get trapped.

#### Symptoms include:

- Bad breath or loss of smell.
- Tickly cough, worse at night.
- Feeling very tired.
- Fever.

• Sore throat.

congestion.

• Headache.

### How are sinus infections treated?

A sinus infection may be treated with an *antibiotic* if the doctor feels it is caused by a bacterial infection.

Common side effects of antibiotics include; stomach ache, nausea, diarrhea, and rash.

Remember, antibiotics must be taken until *finished* in order to be effective. If unpleasant side effects are keeping your client from taking the full course, notify your supervisor.

If no antibiotic is needed, then treatment involves easing the symptoms, just like with a cold or the flu.

### How You Can Help:

- Give yogurt with live active cultures to prevent diarrhea from antibiotics.
- A warm, moist washcloth to the face can ease sinus pressure.
- A hot shower or just sitting in the bathroom with the shower running to inhale the steam can relieve symptoms.
- Encourage drinking fluids to thin the mucus.

behind the eyes, toothache or facial tenderness. Runny nose or

Pressure-like pain

### **KNOWING MORE ABOUT PNEUMONIA**

Pneumonia is an *inflammation (swelling) in the lungs.* It is usually caused by an infection from bacteria, a virus, a fungus, or even a parasite. But, the swelling can also be caused by a foreign object, like food or vomit breathed into the lungs.

There are three major types of pneumonia:

- **Community-Based.** Community-based pneumonia is spread in schools, movie theaters, and other crowded places. It's usually not serious and recovery is quick.
- **Healthcare-Based.** Healthcare-based pneumonia is caught in a hospital, nursing home, or another healthcare setting. It tends to be worse because the people that get it are already ill and weak. Recovery is much harder.
- **Aspiration Pneumonia.** Aspiration pneumonia is not caused by a germ. It is caused by breathing food or fluids into the lungs. People who have trouble swallowing are at risk for this type of pneumonia.

#### The symptoms of pneumonia occur in stages and include:

- A slow start with symptoms similar to those of a light cold, like a runny nose and a sore throat.
- Next you'll see shivering from chills and hear a wet cough.
- If the pneumonia reaches the outer part of the lung, another symptom might be chest pain. Clients may describe it as a sharp, stabbing pain when taking deeper breaths.
- At its worst, the skin of someone suffering from pneumonia will begin to turn slightly purple due to less oxygen in the blood.

### How is pneumonia treated?

If the germs are bacterial or fungal, antibiotic medicine will likely be required. If the pneumonia is viral, the main treatment is usually just rest.

Some cases of pneumonia may require oxygen therapy and/or additional medications to relieve severe coughing.

### How You Can Help:

- **Encourage plenty of liquids.** This will help loosen and thin the mucus in the lungs.
- Every client has a right to pain control. If your client is in pain from coughing or other body aches, tell your supervisor right away.
- Encourage rest and extra sleep. If rest is ignored, the infection may worsen and recovery will take longer.
- If your client experiences shortness of breath during mealtimes, you can suggest: eating several small meals instead of three big ones, resting before eating, and eating more slowly.



## ון גתתקק ארקרון.

All around the world, more people die from pneumonia than any other infectious disease. But, did you know that pneumonia can often be prevented?

Pneumococcal polysaccharide (PPSV23) is a vaccine that protects against 23 types of pneumonia-causing bacteria.

PPSV23 is recommended for all adults 65 years of age and older. The best part is that it's just a one time shot. That means you don't have to get it every year, like the flu shot!

#### Are your clients vaccinated for pneumonia?

If not, talk to them about the benefits of getting vaccinated!

Learn more about the benefits and possible side effects of this and other vaccines by visiting the CDC's website at www.cdc.gov/vaccines.



# PROPER INHALER USE

Using an inhaler seems simple, but most people don't use it correctly.

When an inhaler is used the wrong way, less medicine gets to the lungs.

#### Observe clients who use inhalers and make sure they follow these steps:

- 1. Shake inhaler.
- 2. Breathe out all the way.
- Hold inhaler one to two inches in front of mouth. Or place it between the lips being sure not to block the opening with teeth or tongue.
- Breathe in slowly through mouth and press down on inhaler one time.
- 5. Hold breath and count to 10.

#### *If using a spacer or holding chamber,* first press down on inhaler, then wait five seconds before breathing in. (Spacers are usually used with children.)

### **ALL ABOUT ASTHMA**

Asthma is a respiratory disease that affects the *airways* of the lungs. When the airways become inflamed or irritated, they narrow—or become blocked— which makes it very difficult to breathe.

Being unable to breathe can cause **fear and panic** in the person who is suffering. The fear and panic make symptoms worse and can turn the attack into an emergency!

Asthma tends to be chronic which means that it continues over a long period of time — lasting months, years, or even for a lifetime.

### Symptoms of asthma can be mild to severe and may include:

- Coughing, coughing, and more coughing!
- Wheezing or noisy breathing—like a whistling sound.
- Chest tightness and, possibly, chest pain.
- Shortness of breath.

### How is Asthma Treated?

One of the best treatments is to **avoid any triggers** which set off asthma symptoms. Another way is to control those triggers by using medications that open the airways and treat inflammation.

There are two main types of medications for asthma:

- **Maintenance Medications** are drugs that help with *long-term* control. These drugs are given to people who have moderate to acute asthma—to reduce inflammation in their airways and prevent future asthma attacks.
- Rescue Medications are drugs that help with quick relief. These medications are used right before exposure to a trigger or when asthma symptoms start to occur.

### How you can help:

- Help your clients control the triggers that irritate their asthma by encouraging them to <u>avoid</u> those triggers.
- Remain calm if you witness an asthma attack.
  Encourage your client to breathe and to take any prescribed asthma medication. Call for help!
- Most asthma attacks start slowly. By keeping track of the symptoms, a person can learn to tell if an attack is coming on. Watch for early symptoms and respond quickly. This may help prevent a serious asthma attack.
- Encourage your clients to carry their asthma medications at all times—just in case they need them.

### **COPING WITH COPD**

The term **COPD** stands for <u>Chronic Obstructive</u> Pulmonary <u>Disease</u>. <u>Chronic</u> means that it continues over a long period of time. It's <u>obstructive</u>, because it blocks the passage of air, making it hard to breathe. It's a <u>pulmonary disease</u>, which means that it affects the lungs.

COPD is made up of two similar conditions: chronic bronchitis and emphysema. Both of these lung conditions keep the lungs from working properly—and prevent a person from breathing normally.

### The symptoms of COPD include:

• Chronic Cough.

- Chest Tightness.
- Shortness of Breath.
- Wheezing.

### Other symptoms of COPD may include:

- Fatigue, depression, and anxiety.
- Weight loss.
- Enlarged chest (also called "barrel chest").
- Bluish color to the skin, lips, and nails.
- Headache, irritability, and problems thinking.

### How is COPD treated?

There is no cure for COPD so treatment usually starts with some lifestyle changes. Quitting smoking and staying away from secondhand smoke or other triggers is a great first step.

Doctors may prescribe medications, including oxygen, inhalers, steroids, cough medicines, antibiotics, and diuretics ("water pills").

Other treatments that help relieve symptoms include chest percussion (lightly tapping the chest and back) and a special breathing technique called pursed lip breathing (see sidebar for instructions).

### How you can help:

- Help clients with COPD do their most important chores or activities *first* when they have the most energy.
- Try not to let clients with COPD do too much in one day. Ask them what they want or need to do that day and then help them decide what they can realistically get done.
- If your client is on oxygen, remind him and his visitors to never smoke near oxygen! It's highly flammable.
- Encourage clients with COPD to get a flu shot and a pneumonia shot as prescribed! People with COPD are more likely to get the flu and they will be sicker for much longer than someone who doesn't have COPD.



# Bisen pij Siken pij

If your client has been ordered to use the pursedlip breathing technique to help with shortness of breath, you can help him or her do the technique correctly.

### Tell your client:

- 1. Breathe in slowly through your nose to avoid gulping air and count to 6 to yourself.
- 2. Purse your lips as if you were going to whistle.
- Breathe out slowly through your mouth, keeping your lips pursed gently. Don't force the air out. Again, count slowly to six.
- 4. You should hear a soft, whistling sound when you breathe out.

This exercise helps slow down the breathing and will help your client get rid of any stale air trapped in the lungs.

### **PREVENTING COMMON RESPIRATORY PROBLEMS**

### **Prevent Colds and the Flu**

**WASH YOUR HANDS:** The single most important thing you can do to prevent the spread of infection is to wash your hands!

 The key to washing your hands is not the kind of soap you use or the temperature of the water. It's the 30 to 60 seconds of energy you put into scrubbing your hands. Friction gets rid of bacteria—not soap!

Waterless hand sanitizers, if available, should only be used when hands are not visibly soiled.

• Using hand sanitizers: Place a small amount in the palm of one hand. Rub hands together, to cover all surfaces of hands and fingers. Rub until hands are completely <u>dry</u>.

### **Respiratory Hygiene and Cough Etiquette**

If you or others who come in contact with clients have a cough, then respiratory hygiene and cough etiquette should be followed. Here's how:

- Cover the nose and mouth with a tissue when coughing or sneezing. Then, the tissue should be thrown away, immediately.
- If a tissue is not available, you can cough or sneeze into your sleeve.
- Never cough or sneeze into your bare hands unless you are willing to wash your hands for 30 to 60 seconds every time!
- Keep clean tissues in your pocket at all times. Never wipe or touch your nose with your bare hand.
- Make tissues available to visitors and explain the importance of using them to prevent the spread of germs.

### **Prevent Allergies & Asthma Flairs**

The best way to prevent allergy and asthma flare is to find the "trigger" (what causes the problem) and avoid it!

#### Help Clients Avoid <u>Allergy</u> Triggers

- If dust or dust mites are the problem, wash bedding in hot water weekly, limit carpeting and furniture in the bedroom (or wherever the client sleeps).
- If pollen is the problem, have the client stay indoors during the peak seasons. Keep doors and windows closed. Run an air conditioner with a good filter. Wash filters weekly.
- Avoid pets or smokers if they cause an allergic reaction.

### Help Clients Avoid <u>Asthma</u> Triggers

The symptoms of asthma are brought on by "triggers" and everyone with asthma has unique and varied triggers. Here are some common asthmas

triggers and how you can help clients avoid them:

- **Allergens** like those discussed above can trigger an asthma attack. Follow the above advice to avoid these triggers.
  - Weather changes and cold air may be a problem for some. Avoid sudden changes in temperature and gulping cold air.
    - **Exercise** can bring on an attack. Running is the least tolerated sport for asthmatics. Swimming is the best exercise.
    - Pollutants and strong odors can irritate some asthma sufferers. Avoid household cleaners, cigarette smoke, and strong odors such as fresh paint, mothballs, and perfumes.

### HOW SMOKING DAMAGES THE RESPIRATORY SYSTEM

Cigarette smoke both irritates and damages the fragile lining of the respiratory tract.

• Just one puff of smoke contains over 4000 harmful chemicals!

Not only should people with respiratory problems **QUIT SMOKING**, but they should also avoid places or people that can expose them to **secondhand smoke**.

• Secondhand smoke is the smoke from a cigarette that *someone else* is smoking. In some cases, secondhand smoke can be more of an irritant than firsthand smoke!



And, as if avoiding smoking and smokers was not hard enough, studies now show it can be dangerous to be around others who just have the smell of smoke on their clothing! This is known as **thirdhand smoke**!

### Chemicals found on the clothing of smokers include:

- Hydrogen cyanide, used in chemical weapons,
- Butane, which is used in lighter fluid, and
- Toluene, found in paint thinners.

### THE EFFECTS OF SMOKING ON THE "CILIARY ESCALATOR"

Remember those tiny hairs (called cilia) in the respiratory tract that help move mucus from the lungs up to the back of the throat? This is known as the "ciliary escalator." It's just like an escalator in a tall building, except mucus is the passenger!

The cilia constantly grab mucus and move it, like a wave, upward and out of your lungs. This is especially useful while you are asleep and not thinking about clearing your throat . . . the ciliary escalator does it for you!

When you feel the need to clear your throat, you give a little "eh hem" and the cilia help you remove the mucus. Most people just swallow it back down. That's completely normal.

In smokers, the cilia become gunked up, sort of like getting maple syrup in your hair. When this happens, the ciliary escalator can no longer move the mucus up from the lungs.

So, instead of just clearing the throat, the smoker has to cough, sometimes forcefully to get the mucus out. This is known as the "**smoker's cough**."

The smoker's cough is always worse first thing in the morning after a long period of inactivity.



# line fuers

### GOOD NEWS ABOUT QUITTING SMOKING!

**8 hours after quitting** carbon monoxide levels in the blood return to normal.

**24 hours after quitting** the person's heart attack risk begins to decrease.

**2 months after quitting** circulation improves and lung function increases up to 30%.

**9 months after quitting** smoker's cough, fatigue, shortness of breath, and risk for infection decrease.

**1 year after quitting** heart disease risk drops to half that of a smoker's.

**5 years after quitting**— stroke risk decreases.

**10 years after quitting** lung cancer risk reduces to 50%.

**15 years after quitting**—heart disease risk is now equal to a nonsmoker's.

Adapted from American Cancer Society's "When Smokers Quit— What Are The Benefits?"

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### **FINAL TIPS!**

### Monitor vital signs for clients with respiratory problems, and report any breathing that is:

- Too fast (more than 25 breaths per minute).
- Painful.
- Difficult.

### It's common for pneumonia to develop in the elderly after a cold or the flu. Monitor for and report any signs that pneumonia may be developing, including:

- Fever, chills.
- Wet cough.
- Chest pain, tightness, or heaviness.
- Shortness of breath.
- Headache, muscle aches.
- Extreme tiredness.

### Coughing is normal with upper respiratory problems. However, the cough will change if the person begins to develop pneumonia.

- Listen to the client's cough and watch for any change in the way it sounds.
- A normal cough for a minor upper respiratory problem may be just a bothersome, tickly cough.
- A pneumonia cough is deep, forceful, and productive. The cougher will probably bring up a bit of mucus with each cough.
- Have a cup ready for your client to spit out the mucus. Make a note of the color, amount, and if any blood is present.

### Help with medications.

Remind clients who are prescribed antibiotics to take them at the same time every day, to finish the full course, and to continue to take any other daily medications they normally take.

### Help clients make lifestyle changes.

- Suggest to clients who smoke to cut back or quit (at least until the upper respiratory problem passes).
- People with respiratory illnesses need to eat a balanced diet, drink plenty of fluids, and get rest to make a full and speedy recovery.



# WHAT I Know now!

Now that you've read this inservice on <u>respiratory</u> <u>conditions</u>, jot down a couple of things you learned that you didn't know before.





EMPLOYEE NAME (Please print):

DATE:

- I understand the information presented in this inservice.
- I have completed this inservice and answered at least eight of the test questions correctly.

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Self Study	1 hour	
	nour	
Group Study	1	
	hour	

**Inservice Credit:** 

File completed test in employee's personnel file.



### A Disease Process Module: Common Respiratory Conditions

Are you "In the Know" about common respiratory conditions? <u>Circle the best choice or</u> <u>fill in your answer. Then check your answers with your supervisor!</u>

- 1. The mucus membrane is lined with tiny hairs called:
  - A. Alveoli. B. Bronchi.

- C. Cilia. D. Trachea.
- 2. Treatment for the common cold includes all of the following EXCEPT:
  - A. Rest. B. Antibiotics.

- C. Fluids.
- D. Caregiver empathy.
- 3. Your client suffers from asthma and allergies. The most important thing you can do to help her is:
  - A. Identify her triggers and help her avoid them.
  - B. Recommend she take up jogging as an exercise.
  - C. Encourage her to do important activities first to avoid fatigue.
  - D. Remove all rugs and fabric covered furniture from her living space.
- 4. Some differences between a cold and the flu are that the flu comes on suddenly and includes:
  - A. Fever and body aches.B. Vomiting and diarrhea.
- C. Confusion and dizziness.
- D. None of the above.

5. True or False

There is no cure for COPD.

- **6. True or False** Coughing into cupped hands is the best way to prevent the spread of germs.
- 7. True or False

Chest pain or tightness is normal for a few days after the flu.

8. True or False

Most asthma attacks start slowly.

### 9. True or False

It's normal for smokers to cough and is not a cause for concern.

### 10. True or False

There is a vaccine that prevents pneumonia.