



Aspiration Pneumonia

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Stroke Education Programme

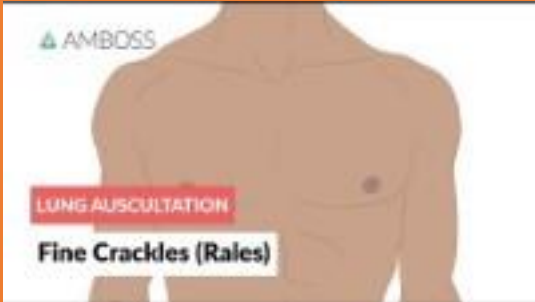
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Respiratory Assessment

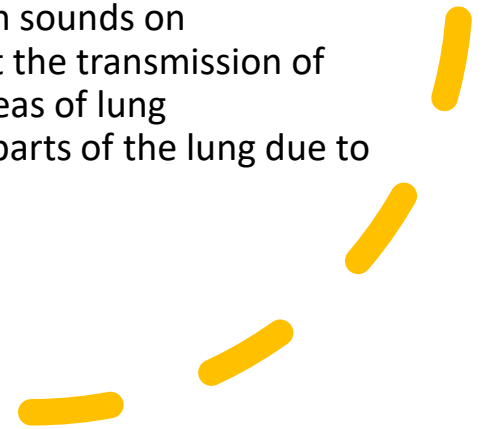
- Patient history
- Patient airway management
- RR, saturations, HR, Rhythm, BP, Temp
- Auscultation
- Pattern and work of breathing – signs of distress and obstruction
- Secretions
- Cough ability / strength
- CXR interpretation
- ABG interpretation
- Positioning advice – awareness of restrictions and able to problem solve / advise nursing staff with consideration of the respiratory condition
- Fluid balance
- Medication chart
- Pain score if applicable
- GCS



Auscultation



- Position in sitting or minimum 45-degree angle in lying
- Observe how the patient is breathing, their pattern of breathing and chest expansion. This can be assessed using your hands placed on the chest to feel whether they have good expansion, any secretions, whether the chest is moving symmetrically
- Normal breath sounds – this is the sound of air moving in and out of the proximal airways, you should be able to hear the air throughout, with more air audible at the top of the lungs compared to the bases, it should sound the same right and left.
- Crackle - generated within the small airways; they predominantly occur during the inspiratory phase but can happen on expiration. Clinical conditions where crackles may be present include pneumonia, pulmonary fibrosis, chronic obstructive pulmonary disease (COPD), lung infection and heart failure.
- Wheeze- A wheeze on both inspiration and expiration could be due to secretions in the airways (Welch and Black, 2017) and the patient may need to be advised how to clear their chest of secretions.
- Absent breath sounds -This describes a lack of audible breath sounds on auscultation. It could be caused by lung disorders that inhibit the transmission of sounds, for example, a pneumothorax, pleural effusion or areas of lung consolidation. All these conditions prevent airflow reaching parts of the lung due to a pathological change in the function of the lung.



Assessment

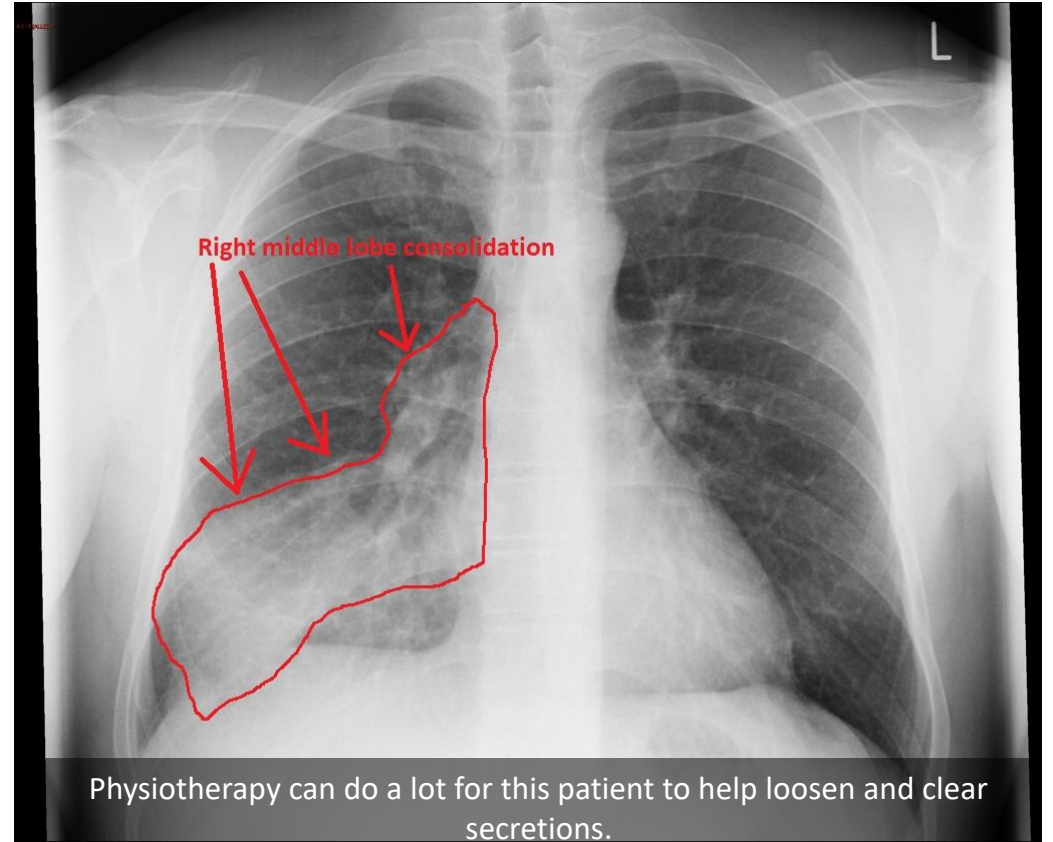
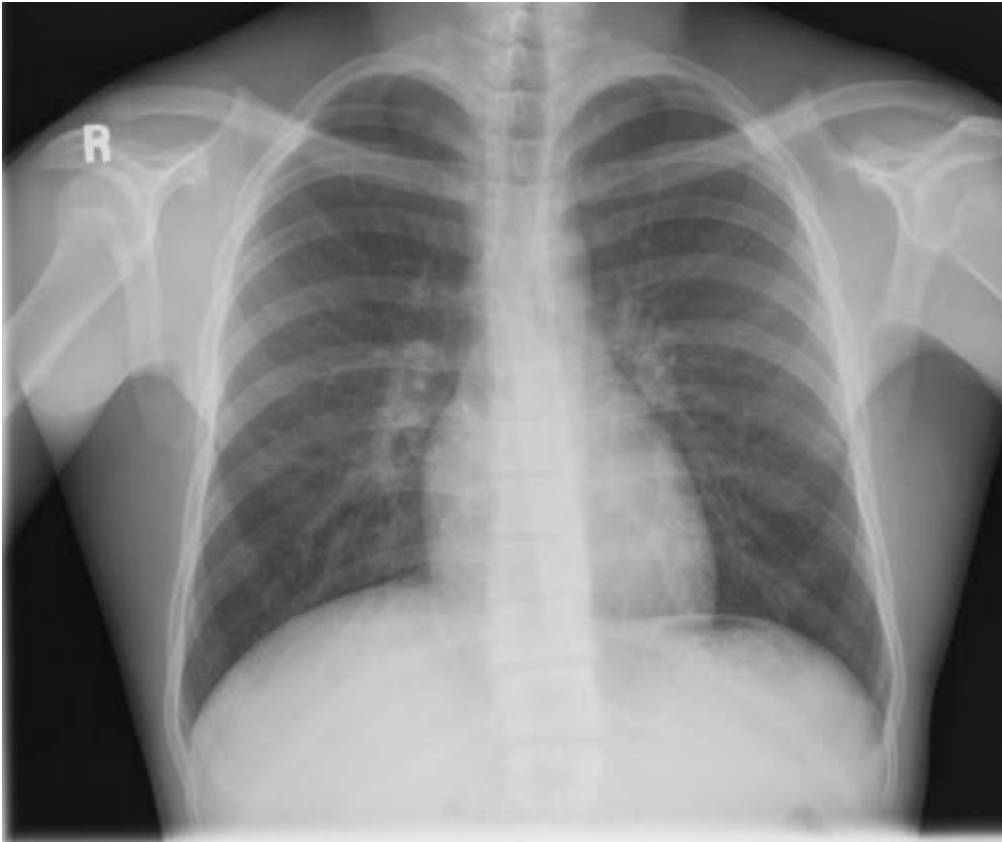
ABGs:

- pH : 7.35 TO 7.45
- PaO₂: 10.7 to 13.3 kPa (80 - 100 mmHg)
- PaCO₂: 4.7 TO 6.0 KPa (35 to 45 mm hg)
- HCO₃: 22 - 26 MMOL / L
- Base excess : -2 to +2

O₂

- Ask team to set parameters (COPD)
- Nasal prongs/face mask/rebreather bag/airvo





CXR
