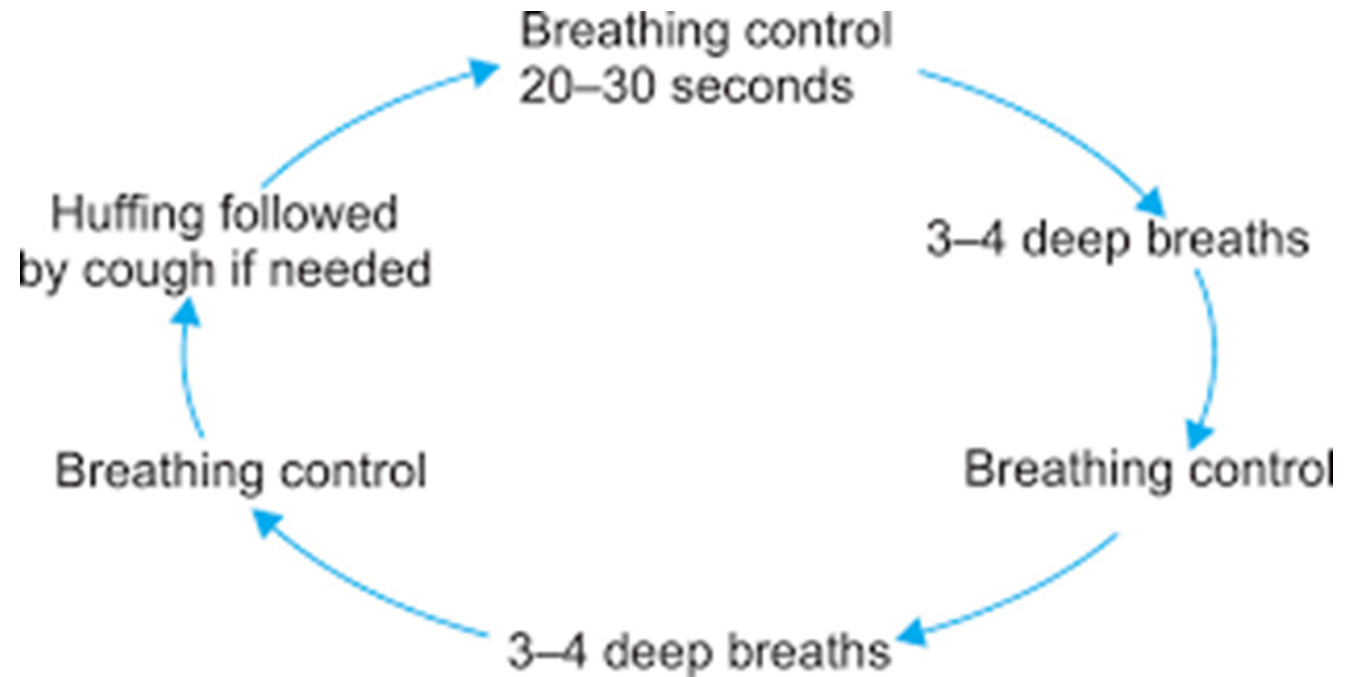



ACBT Active Cycle of Breathing Technique

- A cycle used to increase lung volumes and help to clear secretions.
- This cycle involves breathing control / relaxed breathing, deep breathing, forced expiration technique (huff) and cough.
- Indications - Retained secretions
Decreased tidal volumes
Decreased mobility



Positioning and V / Q Matching

- Positioning is a primary part of physiotherapy treatment to improve effectiveness.
 - Positioning should be continued in between physiotherapy sessions and you should advise nursing staff on the positions which are best for that patient, it should be a MDT approach.
 - In bed patients often assume a supine position, this however could be associated with:
 - 1) Decreased lung volumes
 - 2) Increased work of breathing
 - 3) Closure of dependent airways
 - 4) Decreased Functional residual capacity
 - Why do we position patients?
 - 1) To aid sputum clearance
 - 2) To reduce work of breathing
 - 3) To increase lung volumes
 - Ultimately positions will depend on the patient and what is most comfortable for them.
- 

Suction

- Sterile technique
- Care with clotting disorders (INR, platelet count)
- Withdraw catheter when a cough is stimulated or resistance is felt
- Only apply suction on way up
- Do not suction from a fenestrated/green trache
- Yanker/soft catheter in mouth
- Guedel airway - Choose a Guedel that is approximately equal in length to the distance between the angle of the mandible and the angle of the mouth of the patient, apply lubricant to the Guedel Airway, ask/ assist the patient to tilt their head back, insert the Guedel into the mouth with the outer tip of the airway pointing upwards initially, then rotate it so that it faces downward.
- Nasopharangeal airway (NPA) - usually use size 6 NPA and size 10 catheter

Adjuncts to Physiotherapy



Remember that Physiotherapy is available on-call every evening and there is also a weekend service (call switch)

Spot the deteriorating patient – increased RR (12-20), reduced O2 sats (<95%), increased HR and temp, audible secretions, worsening CXR

Urgent PT Respiratory referral should be seen within an hour