

# Example of report on nursing

[Experience](#), [Failure](#)



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## **Oxygen and Respiratory Disease**

### **Part 1: Introduction**

Oxygen and respiratory complications are closely associated with oxygen therapy. Long term oxygen treatment can help to make the quality of one's life better. Oxygen therapy help COPD patients and those with hypoxaemia, low oxygen levels to live longer. Even if oxygen is prevalently used in hospitals, it has often been wrongly prescribed causing further complications to patients. The major indication for oxygen therapy is the respiratory failure. Respiratory failure involves the failure to keep up adequate gas exchange. Documentation in a number of hospitals fails to record the respiratory rate and other vital signs such as the blood pressure. The vital signs include the pulse rate, blood pressure, temperature and respiratory rate and they are regarded as crucial measurements for monitoring patients under health care (Kerstjens, 2005). Researchers have revealed that the respiratory rate is the vital sign that often misses in the hospital records due to omission due to improper clinical practice. The failure to administer appropriate oxygen

therapy has resulted into oxygen and respiratory complications which turn out deadly.

## **Part 2: Appraisal of articles**

Mcgloin, S. (2008). Administration of oxygen therapy. *Nursing Standard*, 22 (21), pp. 46-48.

The article discusses the administration of oxygen therapy during acute care. Inappropriate administration of oxygen to patients suffering from chronic obstructive pulmonary disease (COPD) as well as type II respiratory disease can result into prospective complications (Mcgloin, 2008). This article explains how safe delivery of oxygen therapy can prevent the prospective complications. Even if oxygen is prevalently used in hospitals, it has often been wrongly prescribed causing further complications to patients. The research design involved discussing the various aspects of administering oxygen therapy. It explains; the different indications for oxygen therapy, the effect of unsafe oxygen therapy for patients with COPD, patient assessment during oxygen therapy, the various oxygen therapy devices and eventually highlights the complications resulting from inappropriate administration of oxygen. The sample group for the study includes analyzing different studies for patients with COPD and type II respiratory complication.

Among the major indications for oxygen therapy is respiratory failure.

Respiratory failure involves the failure to keep up adequate gas exchange (Lynes, 2009). Increasing the respiratory rate is the second indication for oxygen therapy discussed in the research; accurate examination of the respiratory rate for patients with acute illness has been used as the key markers for worsening patients. Suspected hypoxaemia, a decreased level

of oxygen in the arterial blood, is also an indication for oxygen therapy. Respiratory failure can be either type I or II and COPD is linked with type II respiratory failure. Patients should be assessed for chest movement for monitoring of the respiratory rate which if not accurately checked results into respiratory failure. After a patient has been assessed it is now possible to determine the type of oxygen delivery device to use. Using the wrong oxygen delivery devices leads into respiratory complications which can cause death. The devices are either low or high flow delivery. Delivering 60 % oxygen to a patient for more than 24 hours affects the lungs. Another complication of oxygen therapy is the high concentration can lead to decreased production of surfactant. The nurses should monitor oxygen therapy from time to time so as to minimize supplementary oxygen reducing the risk of respiratory failure in patients. They also should carefully select the right delivery device for oxygen into patients. From the research findings it is important to state that oxygen is a drug. Therefore it should be accurately prescribed by ensuring the required flow rate is determined as well as the correct delivery device (Mcglain, 2008). This can be achieved through careful monitoring by nurses during oxygen therapy to prevent respiratory complications.

Eastwood, G., O'Connell, B. and Considine, J. (2011). Low-flow oxygen therapy in intensive care: An observational study. *Australian Critical Care*, 24 pp. 269-278.

The study was conducted to observe the management of low flow oxygen therapy by nurses as well as compare the nursing management practice of oxygen therapy with patients' recorded oxygen saturation level and

respiratory rate. An observational study was carried out to determine the parameters of the study. A total of eight 2 hour observation periods were made involving 16 patients and 16 nurses in a Melbourne metropolitan hospital in Victoria. Information was gathered using chart review, a designed observation tool as well as field notes. The data was analyzed by frequency and descriptive statistics as well as textual data. The observations were made during 0800-100hrs, 1200-1400hrs, 1400-1600hrs and 1800hrs. ICU nurses were observed conducting a number of different activities that develop low flow oxygen therapy. The researcher then observed contrasting activities by nurses. He observed the nurses activities that were counterproductive to successful low flow oxygen therapy. From data on the observations the researcher was in a position to also compare the nursing management practice of oxygen therapy with patients' recorded oxygen saturation level and respiratory rate.

Observations were made on two nurses and two intensive care (ICU) nurses during each of the periods. Structured data was recorded at the start of a period and after every 20 minutes of the period. Field notes describing the management of low flow oxygen therapy were written in each observation period. The data collected was analyzed and conclusions made. It was found that over the 16 hour observation time, 96 points of measurements were recorded for 16 patients and 16 nurses. The low flow oxygen therapy management was found to be different among nurses and it was discovered that the nurses did not always encourage effective oxygenation. This resulted in the recording of inaccurate respiratory rates for the patients. Regarding the manner in which the ICU nurses managed low flow oxygen

therapy according to the study; it is important to involve the conduction of intervention studies as well as encourage the promotion of better guidance to enable low flow oxygen therapy in the Intensive Care unit ((Kennedy, 2007).

The observed data indicated that in the ICU vital signs were recorded on a routine basis, however, the nurses made their documentation irrespective of whether abnormal values were recorded during the routine hourly checks. Effective monitoring and accurate documentation should minimize the risk of diagnostic errors (Eastwood, O'Connell & Considine, 2011). It will be helpful to explore as to why nurses make inaccurate documentation as well as fail to note abnormal values. In doing so it is easier to implement mechanisms that ensure appropriate monitoring and accurate documentation.

Cretikos, MA, Bellomo, R, Hillman, K, Chen, J, Finfer, S & Flabouris, A. (2008). Respiratory rate: the neglected vital sign. Medical Journal of Australia, 88(11), pp. 657-659.

The vital signs include the pulse rate, blood pressure, temperature and respiratory rate and they are regarded as crucial measurements for monitoring patients under health care. This article looks into the tendency of nurses to keep poor record of the vital signs especially the respiratory rate. This is the case even when the patient has a respiratory complication. This research article combines a detailed discussion of various studies to show how neglected monitoring of the respiratory rate negatively impacts on patients. Studies have revealed that the documentation of the respiratory rate in a number of hospitals is poor despite an abnormal respiratory rate being a marker of illness. If hospitals promoted the appropriate responses to

ensure a better respiratory rate and other vital signs system implementation, oxygen and respiratory diseases can be reduced (Cretikos, Bellomo, Hillman, Chen, Finfer, & Flabouris, 2008).

The research reveals that the respiratory rate is the vital sign that often misses in the hospital records due to omission. An increased respiratory rate is a stronger marker which is specific for serious complications such as unplanned Intensive Care Unit admission. Systems in hospitals can be implemented to encourage appropriate response to increased respiratory rate. This would help increase and maintain the awareness of the importance of respiratory rate and other vital signs. The clinical practice staff should get informed and educated about the respiratory rate as an easy and specific marker for serious illness (Rees & Dudley, 1998). Guidance should also be provided to them on the course of action in case of abnormally high respiratory rates are documented.

### **Part 3: Conclusion**

Inappropriate administration of oxygen to patients suffering from chronic obstructive pulmonary disease (COPD) as well as type II respiratory disease can result into prospective complications. The first research explains that safe delivery of oxygen therapy can prevent the prospective complications. Oxygen is ought to be a life saving therapy and therefore should be accurately prescribed by the clinical practices to avoid respiratory complications (Mcglain, 2008). Respiratory Patients should be assessed for chest movement for monitoring of the respiratory rate which if not accurately checked results into respiratory failure. After a patient has been assessed it is now possible to determine the type of oxygen delivery device

to use. Using the wrong oxygen delivery devices leads into respiratory complications which can cause death.

The second study conducted to observe the management of low flow oxygen therapy by nurses as well as compare the nursing management practice of oxygen therapy with patients' recorded oxygen saturation level and respiratory rate; revealed that low flow oxygen therapy management was found to be different among nurses and it was discovered that the nurses did not always encourage effective oxygenation. This resulted in the recording of inaccurate respiratory rates for the patients. It is therefore important to involve the conduction of intervention studies as well as encourage the promotion of better guidance to enable low flow oxygen therapy in the Intensive Care unit (Eastwood, O'Connell & Considine, 2011).

The third research article involved the assessment of the impact of neglecting the vital signs especially the respiratory rate. Since the respiratory rate is a marker for most patients it should appear in hospital records for patients (Kennedy, 2007). The clinical practice staff should get informed and educated about the respiratory rate as an easy and specific marker for serious illness. Guidance should also be provided to them on the course of action in case of abnormally high respiratory rates are documented. This would help effective monitoring of serious illness.

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