

Research Question:

I identified Chronic Obstructive Pulmonary Disease as a clinical practice issue and formulated the following research question:

“What specific nursing interventions, besides regular prescribed medication are the most effective, while caring for patients during the end-stage of COPD?”

1.

Improving Access to Appropriate Palliative Care

Patients with end-stage COPD are less likely to be subjected to palliative care than those with lung cancer (Iley, 2012). While COPD is a chronic, progressive incurable disease, the disease trajectory can be uncertain and the reluctance of health professionals to diagnose the end-stage can lead to less supportive palliative care (Scullion & Holmes, 2011).

Only 42 percent of COPD patients were provided with arrangements for end of life care in a British Palliative Care study (Barnett, 2012). Leyshon (2012) suggests that indicators such as the Gold Standard Framework Criteria can effectively diagnose the end-stage of the disease to implement timely palliative care which include:

- At least 3 hospital admissions in the past 12 months
- Shortness of breath after 100 metres of physical activity
- Signs and symptoms of right-sided heart failure
- Co-existing conditions (e.g. anorexia, depression)
- Use of systemic corticosteroids in the past 12 months
- Forced expiratory volume in 1 second <30%

Implications for Practice:

A lack of provision of timely palliative care for COPD patients can be associated with poorer quality of life, an increase in Mental Health conditions and becoming more house bound compared to those diagnosed with lung cancer although the symptoms suffered are often similar (Barnett, 2012).

Recommendations:

1. Improve access to palliative care services for patients with end-stage COPD.
2. Being more aware and educated about what non-pharmacological measures can be used to relieve severe symptoms.
3. Be aware of the impact of mental health conditions such as anxiety and depression associated with COPD patients.

The end-stage of COPD can be difficult to manage and health professionals need to be more aware of what support and implementations can be provided to patients and their families to improve comfort and symptom management.

What is COPD?

- COPD is a term used to describe chronic lung disease with progressive and irreversible airflow limitation which is characterised by increasing breathlessness (Farrell & Dempsey, 2014).
- The World Health Organisation (2016) have predicted that COPD will be the third leading cause of death by the year 2030.
- In NZ, COPD affects 1 in 7 adults aged over 45 years (at least 200,000) although the disease is commonly undiagnosed (Health Navigator, 2016).

2.

Supporting COPD Patients and their Families to make Informed Decisions

Nurses have an important role in advocating for and supporting the patient and their family.

Discussing end of life issues assists to provide the most appropriate and supportive care as 69 percent of COPD patients die in hospital despite wanting to die at home (Iley, 2012). Appropriate, timely and sensitive discussions with patients results in more effective end of life planning and decision making (Barnett, 2012). Advanced Care Planning (ACP) is an initiative that nurses can use to help patients consider what types of treatment they would like to receive at different stages of their disease (Barnett, 2012). A known barrier to ACP is poor communication so it is essential that nurses have the appropriate communication skills to discuss these issues (Iley, 2012).

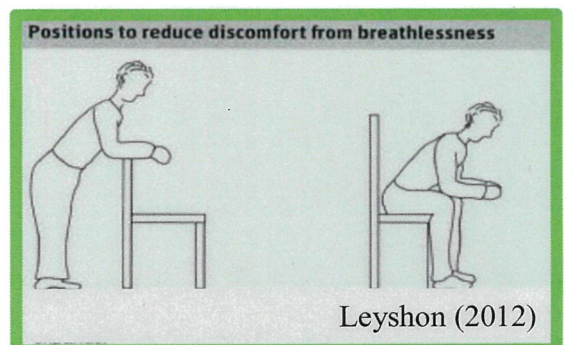
3.

Implementing Non-Pharmacological Symptom Control Measures

Many nurse lead interventions can be used alongside a wide variety of prescribed

medication, as alone may not always be sufficient in relieving breathlessness (Barnett, 2008). Nurse lead education regarding breathing control can be an effective way to relieve breathlessness as well as reducing the effort it takes to breathe and conserve energy. Positioning by leaning forward, slightly supporting body weight with arms or upper body can significantly reduce distress and effort. Breathlessness can result in significant

psychological distress for patients and the management of this will decrease the co-existence of MH disorders such as anxiety and depression (Leyshon, 2012).



- Barnett, M. (2012). End of life issues in the management of COPD. *Journal of Community Nursing*. 26(3): 4-8. Retrieved from: CINHAL.
- Farrell, M. & Dempsey, J. (2014). *Smeltzer & Bare's Textbook of Medical-Surgical Nursing*. (3rd ed.). Sydney, NSW: Lippincott Williams & Wilkins.
- Health Navigator New Zealand (2016, May 11). *Chronic Obstructive Pulmonary Disease*. Retrieved from: <http://www.healthnavigator.org/health-topics/COPD>.
- Iley, K. (2012, February 28). Improving palliative care for patients with COPD. *Nursing Standard*. 26(31): 40-46. Retrieved from: CINHAL.
- Leyshon, J. (2012, October 10). Managing severe breathlessness in patients with end-stage COPD. *Nursing Standard*. 27(6): 48-56. Retrieved from CINHAL 22/02/2016.
- Scullion, J. & Holmes, S. (2011, February 28). Palliative care in patients with chronic obstructive pulmonary disease. *Nursing Older People*. 23(4): 32-39.
- World Health Organisation. (2016 a). *Chronic Obstructive Pulmonary Disease (COPD)*. Retrieved from: <http://www.who.int/respiratory/copd>.

In the table below, I have refined my search question using the PECOT model, which is a tool that has been developed to describe elements of a well formed question in clinical practice and to arrange the question into a more formal structure (Schneider, Whitehead, LoBiondo-Wood & Haber, 2013).

PECOT Category	Information relating to question	Explanation
Population	Patients diagnosed with COPD, in the end-stage of the disease with symptoms that are difficult to manage with conventional medicine alone.	The end stage of COPD is the most difficult stage to predict and therefore to manage symptoms so I want to identify what implementations are the most effective in this period besides what is already known about medication.
Exposure/Intervention	While in acute clinical settings, what nursing interventions are the most appropriate while caring for patients and their families with an acute exacerbation of their COPD or during the palliative phase of their disease.	I want to discover why symptoms are difficult to interpret in the end stage of the disease and what has been proven to help patients and their families with the disease alongside regular medication.
Comparison/Control	Compared to patients with lung cancer, the palliative phase in COPD is harder to diagnose and manage symptoms.	I want to discover what more could be done to reduce the disparities between patients with COPD and lung cancer and what effective measures can be given to COPD patients to increase their quality of life.
Outcome	What nursing interventions, beside regular control of medications are the most appropriate and what factors contribute to the management of the disease in an acute care setting as well as during palliative care.	While regular medication is important in reducing exacerbations of COPD, what other holistic care can I give to patients suffering with the disease in the future.
Time	During the end stage of the disease or during acute severe exacerbations that require hospitalisation.	Patients are most likely to be admitted during any other time during the disease progression so what can be done to assist during this time.

Using the PECOT model I formulated the following search question: ***“What specific nursing interventions, besides regular prescribed medication are the most effective while caring for patients during the end-stage of Chronic Obstructive Pulmonary Disease”***

Rationale of Poster Presentation:

I chose to complete a poster presentation as I wanted to present the information from the literature about Chronic Obstructive Pulmonary Disease (COPD) in an informative but interactive way. Within the literature, I found that there were three common nursing interventions that enable nurses to effectively provide better care for patients with COPD. Therefore, a poster presentation is an effective and interesting mechanism to portray these three factors. Poster presentations are a commonly used tool for knowledge transfer in health fields and have the ability to increase awareness and knowledge as well as the capability to change attitudes and behaviours when interventions are explained clearly (Ilic & Rowe, 2013). Posters are also an effective way to disseminate information widely to a large group of people when they are accompanied by their author to communicate the academic content (Rowe, 2009). Frankel (2009) describes how staff in the healthcare field generally prefer visual or kinaesthetic learning and in a climate where knowledge transfer and expanding knowledge is increasingly important more learning experiences must be created where the environment promotes visual learning. This type of presentation, also allows a wide range of readers to access the information and gain knowledge for a considerable period of time which covers a wider target audience.

Frankel, A. (2009). Nurses' learning styles: promoting better integration of theory into practice. *Nursing Times*. 105(2): 24-27.

Ilic, D. & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information and Libraries Journal*. 30(1): 4-12. Doi: <http://dx.doi.org.op.idm.oclc.org/10.1111/hir.12015>.

Rowe, N. (2009). What impacts do posters have on academic knowledge transfer? *BMC Medical Education*. 9(71). Doi: 10.1186/1472-6920-9-71.

Schneider, Z., Whitehead, D., LoBiondo-Wood, G. & Haber, J. (2013). *Nursing and Midwifery Research: methods and appraisal for evidence-based practice*. (4th ed.). Chatswood, NSW, Australia: Mosby Elsevier.