

I have experience with dealing with patients diagnosed with lung diseases. I worked in Cardiac and Pulmonary Rehab with University Medical Center for 7 years. I enjoyed these videos and was a great refresher in the disease process. Disclosure, my reflection will also be based on my personal experience as well as the video. I found it most interesting that Chronic Obstructive Pulmonary Disease was the umbrella term for Emphysema and Bronchitis, mostly chronic. As many medications as there are to teach about, the most education needed on proper technique. As stated in lecture, our job as a nurse is to know proper technique. Just as we should not assume a patient is short of breath, we should not assume they know proper technique without observing them first. Unfortunately, education for the patient is missed or misunderstood while in the medical field setting and the differences unclarified. I enjoy "Fact Checks" such as the amount of people who have the COPD (24 million) and those who have symptoms but do not know it. I ran across this fact on a daily basis. When studying and educating about COPD, I found it interesting in the amount of work going on within the respiratory tract. The alveoli are so small but play one of the biggest roles, in which gas exchange is done. The final fact I found interesting was the information regarding lung transplants. Mentioned was, the rejection medications needed for the rest of the recipient's life. I felt that having to take antirejection medications was a personal goal and big responsibility to myself and to the donor to continue my regimen. The pneumonia video clarified that the fluid/infection is within the alveoli sacs. I was under the impression that the fluid mostly accumulated outside the alveolar sacs. The 450 million cases per year is incredible even when there is a vaccine readily available. Also, the differences in the symptoms between the young and the old. I would think the older populations would have more significant respiratory symptoms not the young. The most interesting information was the history and the exposure to all the animals that could affect the chances of getting or hindering pneumonia. The tuberculosis video was informative and one fact I was unaware of was the way the skin test was read. I had received TB tests every year and wondered why all the nurse did was look at my arm. I knew they inspected the site, but I did not know about Induration and that the size consideration and risk levels were being observed also. As for the facts, I did find interesting that TB is one if not the oldest disease among humans and that 1/3 of the world is currently affected. It seems as if the outbreak is just waiting to make another appearance as it did in the 1950s when the first antibiotics were made. The scariest video out of all must be the obstructive sleep apnea video. The amount of time a person can go on without "breathing" it seems, is impressive as well as disturbing. How a person does not wake themselves up is beyond me. I have heard snoring, but it is importance to get tested. I ran across this many times with pulmonary rehab and patients refused because they did not want to be hooked up to wires or have people watching them sleep. After watching this video, I wish I would have understood more about obstructive sleep apnea to inform them on the disease. Chest tubes seem to be complicated once we started learning about them but I find technical and moving parts interesting with each of their purposes. Though a lot of moving parts, knowing what type of tubes being used is important for the reason. I worked with cardiac rehab and dealt with patients and saw many tubes. I did not know the chest tube within the mediastinum space was used for post cardiac surgery patients. I saw scars and tubes daily but did not know the specific purpose of that area. The insertion of a tube is most interesting due to the shear trauma that the body endures during insertion and how quickly and easily it heals. The fact that a tube is poked through the ribs cage seems a bit overwhelming, but the benefit is so beneficial for the patient's treatment and long term quality of life. Overall, caring for a patient with a chest tube is not an easy task and should be cared for with extreme caution and patience, I am glad to have reviewed these videos and being quick to manage issues,

complications, and treating patients with these diseases makes you aware of how fragile and/or resilient each patient can be.