

Respiratory Videos

After watching the first video over tuberculosis, I learned that it is one of the leading causes of infection and death in adults. It is worse in some parts of the world than others. Africa, the western pacific, and south-east Asia account for about 86% of tuberculosis cases in the world. In the United States, the BCG vaccine is not recommended for everyone because it is not effective in adults. The second video was over COPD. I learned that it is the fourth leading cause of death in the United States. There are 24 million people affected by COPD. Early screening is recommended to avoid any major loss of lung function. Some pathology that I learned watching this video is that emphysema damage takes place in the alveolar walls. I also learned that chronic bronchitis occurs when the lining of the air passages is clogged due to mucus. It is common for emphysema and chronic bronchitis to occur together. There are different treatment options for COPD. An option of treatment is surgery. These surgeries include lung volume reduction surgery and Bullectomy. Lung volume reduction surgery removes small wedges of damaged lung tissue to create space in the chest cavity. A bullectomy is the removal of bulla from the lungs. We covered most of sleep apnea in lecture, but I did learn a few interesting things from watching the video of sleep apnea. I learned that men store more fat in the neck than women, but after women go through menopause, they are equal. I also learned that having a one degree relative increases a person's risk of sleep apnea by 22-86%. On a graph displayed in the video, it showed that sleep apnea cases increase until the age of 50-60 years old and then the increase in cases stop and the graph remains steady. The pneumonia video had a lot of information that I didn't know. It stated that signs and symptoms of pneumonia differ in every patient depending on the infections and the patients state of health. In bacterial pneumonia the sputum is green, yellow, or reddish brown. In viral mycoplasma pneumonia, the sputum is thin and has a whitish color. Untreated pneumonia can result in lung abscess, a complication of pneumonia, which is a cavity formed by pus in the lungs. Treatment of a lung abscess includes inserting a tube or needle in to abscess to drain it. Another treatment of a lung abscess is antibiotics which are used in less severe cases. Another serious complication of pneumonia is Bacteremia. Bacteremia occurs when an infection is spread from the lungs to other organs of the body through the bloodstream. Bacteremia can lead to organ failure and sepsis. In the last video over chest tubes, I learned they are used to remove fluid and air. The nurse in the video also mentions that lung collapse can be spontaneous and happen without cause. She described the differences between wet and dry suction. She explains wet suction as suction regulated by height of water in suction control chamber when connected to wall suction. When it is working correctly, you should hear and see bubbling. Water can also evaporate from the chamber overtime. Dry suction doesn't use a water column to control suction but still uses a suction monitor that balances wall suction pressure using a rotary suction dial, which is on the side of the system. While watching the video, it seems that dry suction would be the better option because there are higher suction pressure level options and there is no water evaporation since there is no water column. In the video, we learn that nurses should never clamp a chest tubes without a physician's order. It's stated that clamping the chest tube increases the risk of a pneumothorax. Some nursing interventions that should be used with a patient with a chest tube are monitor lung sounds, check respiratory rate, monitor for dyspnea, monitor the insertion site, and teach about turn, cough, and deep breath. TCDB helps moves fluids and improves lung function. It was also stated to monitor for subq crepitus, which is when CO2 escapes into the tissues. This is described as a crackling sensation under the skin.

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Physicians usually remove the chest tube with the nurse's assistance, but in some facilities nurses are able to remove them.