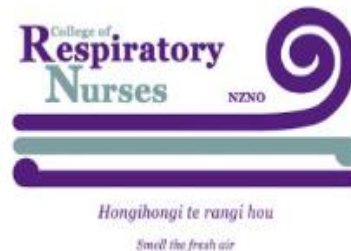


# pūkorokoro- Airways

Newsletter of the College of Respiratory Nurses (NZNO)



Welcome to all, Kia ora Koutou,

*Merry Christmas and happy New Year*

*Meri Kirihimete me te tau hou*

So this is the last newsletter of 2022. The Christmas period is upon us and whilst this is a time for celebration, there is no let-up in the demands made of respiratory care that must be provided. Whilst I hate to be the Grinch, there is never a respite for us nurses. The effects of COVID or other respiratory conditions continue to impact us hard. The number of hospitalisations in 0-4 year's olds has returned to its Pre-Covid 19 levels. Fortunately Pharmac has announced funding of the monoclonal antibody Palivizumab for preventative treatment of RSV for the next two RSV seasons.

COVID figures from the MoH suggest a last 7 day rolling summary of over 5000 new cases and this has been increasing. In October cases were less than 2000 a day. We 'should' in fact I would suggest 'Must' continue to encourage the wearing of masks in our vulnerable populations

The influenza immunisation continues to run until 31<sup>st</sup> December so encourage all to get jabbed. Remember it has been widened to include Maori and Pacific over the age of 55. Healthpoint.co.nz can help you find a nearest vaccinator if you are looking for one. There has been a sharp increase in the number of cases recorded in this season which has been attributed to less influenza circulating previous years and so New Zealanders have a lower immunity protecting them.

As if the above are not enough, there is also the care provided to all New Zealanders with chronic Respiratory conditions who continue to need our support. There are over 700,000 of us.

The committee wishes to recognize and acknowledge the hard work of all nurses who are doing their best to provide high quality care to all Respiratory patients, in whatever setting they are in.

If you are working over the holiday period we thank you. We wish that Santa would leave a few extra nurses in your Christmas stocking

Take care and be safe. See you in 2023

Kia tupato kia noho haumaruru. Ka kite koe i te tau 2023

**Kia ora koutou**

**Malo e lelei**

**Talofa Lava**

**Ni sa bula Vinaka**

**Fakaalofa lahi atu**

**Malo ni**

## **WELCOME TO DECEMBER 2022 AIRWAYS NEWSLETTER**

**Merry Christmas**

**Meri Kirihimete**

**Manuia le Kerisimasi**

**Kilisimasi Fiefia**

Our College is small but growing! Encourage your nursing colleagues, student nurses and enrolled nurses to join! To join simply click [here](#)

## Conferences & Events

**Asthma & COPD Fundamentals Course** – Asthma & Respiratory Foundation online course.

<https://www.asthmafoundation.org.nz/health-professionals/copd-asthma-fundamentals>

**TSANZ/ANSRS** – March 25-28 March 2023 Te Pae Christchurch Convention Centre [Annual Scientific Meeting for Leaders in Lung Health & Respiratory Science | TSANZSRS 2023 \(tsanzsrsasm.com\)](#)

**Sleep in Aotearoa** June 22-23 2023 Dunedin, Otago [Sleep in Aotearoa 2023](#)

**New Zealand Respiratory Conference** – 16-17 November 2023 Te Papa, Wellington [New Zealand Respiratory Conference | Asthma Foundation NZ](#)

**Sleep DownUnder 2023** TBC [Sleep DownUnder 2022 | Sleep DownUnder 2022](#)

### Useful Resources

National Asthma Council Australia [How-to Videos](#): Using your inhaler

Good Fellow [Webinars](#)

Lung Foundation Australia Patient Inhaler [Resources](#)

[Bronchiectasis Foundation New Zealand Resources](#)

[Bronchiectasis Toolbox – amazing resource on all things bronchiectasis](#)

[YuMedi – Sign up as a healthcare professional and access webinars on all things healthcare](#)

Note: Respiratory Education Fund can be accessed by College of Respiratory Nurses members. See this [Link](#) for further details.

Team meeting at the Symposium August 2022 (left to right)

Top row: Marilyn Dyer, Annette Bradley-Ingle, Alan Shaw

Bottom row: Jess Puru, Erin Foster

Absent: Mikayla Neil, Teresa Chalecki



## Submission – Vaping in Aotearoa

“Vaping harms are coming for primary care” written by Maia Hall in NZDoctor (article found here [‘Vaping harms are coming for primary care’ | New Zealand Doctor \(nzdoctor.co.nz\)](#)) came through the email of the committee members of the College of Respiratory Nurses. Reading of the statistics, we could not sit back and sent a submission through to the Minister of Health, Te Whatu Ora.

### **There are 956 specialist vape retailers in Aotearoa!**

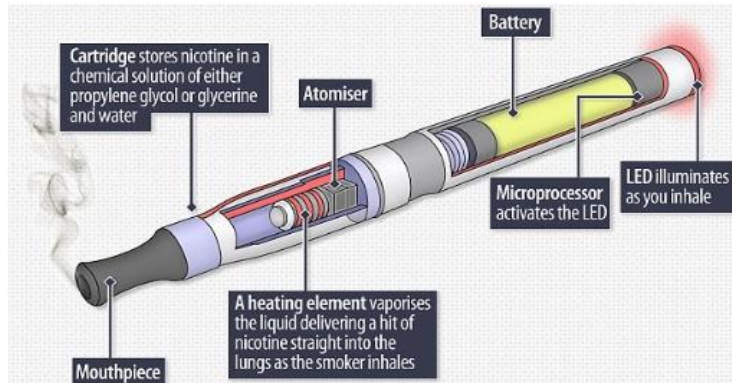
That is three times the combined number of KFC and McDonald’s stores across the motu. “The proliferation of stores is putting rangatahi at risk of serious nicotine additions”.

We will continue to update our members as further information comes through.

# What is the big deal on vaping?

## What is a vape?

Vaping is the act of heating a liquid that is inhaled and exhaled as a vapour or aerosol. The aerosol that is produced from these devices is created through heating an e-liquid or 'juice' inside a cartridge within the device.



The aerosol is often mistaken for water vapour but instead it is the aerosol of the juice containing flavouring, sweetens, nicotine and vaping solvents. When inhaling through an electronic vaping device, you are inhaling fine particles of these ingredients. Little is known about the effects of these ingredients with research still ongoing. However, it is known that many of the ingredients break down to form dangerous compounds when heated.

**Vaping Solvents:** the base of the e-liquid that helps to dissolve the ingredients. Usually, vegetable glycerine and propylene glycol. Vegetable glycerine is responsible for producing the 'cloud' and is a common ingredient in pharmaceutical drugs and beauty products. Propylene glycol is a petroleum-based compound, often found in deodorants and fragrances. When heated these compounds can form formaldehyde.

**Sweeteners:** sucralose and Ethyl maltol are used to sweeten the e-liquid these are often found in sugar free food and beverages.

**Flavours:** e-liquids are now manufactured with thousands of different flavours; each have their own potential risks when heated.

**Nicotine:** vapes have a high nicotine content that make them addictive. Some vapes have 50mg of nicotine which is equivalent to 1 and a half packets of cigarettes!

## What are the risks?

The long-term effects are still largely unknown, there is a lot we do not know about vaping and the risks to health.

Vape aerosols contain tiny particles that reach deep into the lungs; these particles can irritate the lungs. Over time can potentially increase inflammation in the lungs and lead to other lung disease. Vape use has been linked to severe lung disease (EVALI) that has led to hospitalisations and death in the United States.

Vaping is a known cigarette smoking cessation tool, there is concern of dual using vapes and cigarettes. We know cigarettes are incredibly harmful, causing lung disease and cancer. Vapes also harm the circulatory system increasing blood pressure and heart rate. "Combining the two together is worse than just cigarette smoking".

Some e-liquid has been found to have heavy metals including cadmium, chromium, lead and nickel thought to be from element or coil overheating.

Information and images from [What's in a vape? - Don't Get Sucked In \(dontgetsucked.in.co.nz\)](http://dontgetsucked.in)

## Further Resources

[The facts of vaping | Vaping Facts](#)

[Vaping products: Information for health care workers and stop-smoking services | Ministry of Health NZ](#)

[E-Cigarettes and Vaping for Health Professionals | Asthma Foundation NZ](#)

[Protect Your Breath](#)

[Vaping | Health Navigator NZ](#)

# The Role of Aspiration in Respiratory Illnesses

Loraine Hamm, Paediatric Speech Language Therapist  
Te Whatu Ora, Te Tai Tokerau

The role of aspiration in respiratory illnesses in at risk populations e.g. people with Cerebral Palsy has received recognition in the literature. The most common cause of morbidity and mortality in people with Cerebral Palsy is respiratory related. In his review of Respiratory Illnesses in Children with Cerebral Palsy, Marpole identifies aspiration of saliva, food, liquid and refluxate as the main driver of respiratory illnesses. He ascribes the cause of aspiration to weakness, tone or co-ordination issues, related to neuromotor impairment, that disrupts the highly complex and finely co-ordinated process required for safe swallowing. (Marpole R, 2020)

Aspiration is not widely recognised as potential contributing factor in the progression of chronic respiratory illnesses in the “non-neurologically impaired” population. This has become a field of interest for Speech Language Therapists who support parents with babies and children with swallowing difficulties.

Feeding difficulties are common in the new-born period and beyond. Finely timed and co-ordinated suck, swallow and breathing cycles enable babies to transfer milk safely and effectively. Any disruption in the process can result in eating, drinking and swallowing difficulties, including aspiration (or penetration) of food or liquid into the airway.

Coughing, breathing and voice changes during feeding in babies and young children should alert us to investigate the possibility of aspiration. Aspiration may, under certain circumstances, contribute to respiratory complications such as acute pneumonia and chronic lung disease, including bronchiectasis, as the lung “is particularly vulnerable to insults from aspiration. (Wallis, 2012) Breastfeeding protects babies against viral respiratory illnesses. Difficulty to latch and to sustain latch on the breast are common early feeding difficulties that may result in premature weaning and babies therefore missing out on this protective effect. Jartti refers to the first episode of severe bronchiolitis in under 2-year-old children as a “critical event” (Jartti T, 2018). For some babies this first event may be nothing more than a mild illness. For others it may be the start of recurrent illness that under certain circumstances can set them up for a chronic disease. Our knowledge as regards the multiple contributing factors is still incomplete, but factors like not breastfeeding, smoke exposure, unhealthy home environments and aspiration may all contribute.

In her review of current knowledge related to bronchiectasis, Chang emphasises that mild radiographic bronchiectasis may at any age be reversible if treated early and the lung function decline associated with disease progression can be halted. (Chang A, 2018). Every effort should therefore be made, at the earliest opportunity, to identify factors that may be contributing to the progression of the disease.

Many babies aspirate “silently”, with no overt signs of aspiration and therefore aspiration should also be excluded in cases of unexplained recurrent respiratory illnesses.

The symptoms of asthma and those of respiratory illnesses as result of aspiration are very similar. There is therefore also the potential for aspiration to be misdiagnosed and treated as asthma.

The Videofluoroscopic study of swallowing (VFSS) and the Fiberoptic Endoscopic Evaluation of Swallowing (FEES) are the only reliable assessments that enable Speech Language Therapists to identify risk. Instrumental assessment also enables Speech Language Therapists to identify the most appropriate strategies to manage risk.

Feeding intervention has been demonstrated to improve symptoms and reduce hospitalisation (Duncan D, 2019) and therefore represents a preventative measure in the progression of respiratory illnesses.

## Bibliography

Chang A, e. a. (2018). Bronchiectasis Diagnosis and Treatment. *Lancet*.

Duncan D, e. a. (2019). Feeding intervention is associated with improved outcomes in children with Laryngeal Penetration. *J Pediatr Gastroenterol Nutr*.

Jartti T, S. H. (2018). Bronchiolitis needs a revisit: distinguishing between virus entities and their treatments. *Allergy*.

Marpole R, e. a. (2020). Management of Respiratory Illness in Children with Cerebral Palsy. *Front Pediatr*.

Wallis, C. a. (2012). Assessing the Role of Aspiration in Pediatric Lung Disease. *Pediatric Allergy, Immunology and Pulmonology*.

## Te Reo Māori Korero

Learn common respiratory words in Te Reo Māori to incorporate into your mahi

English:

**NURSE**

Te Reo Māori

**NĀHI**

**Ka Pai!**

We would like to extend our thanks to all nurses all over the motu for everyone's hard mahi.

### Feedback

We would love to hear your feedback on topics you would like to see or articles you may have in *pūkorokoro*- Airways. Please email [respiratory@nzno.org.nz](mailto:respiratory@nzno.org.nz)



**Coming Soon...**

You will be able to find us on  
**FACEBOOK!**

Better connect with Respiratory  
nurses across the motu

### Mindful Colouring

Merry Christmas from the College of Respiratory Nurses! [P.S. it doubles as mindful colouring for you]. We want to thank everyone for their support and attendance to the College of Respiratory Nurses Symposium. We have had to adapt it along the way, but with your patience and help we have been able to end the year on a high note!

We hope you enjoy your Christmas and end of year celebrations and have a relaxing and restful Christmas break with your whānau and friends, ready for 2023!

**Christmas is about giving but is not  
always about giving gifts.  
Other ways to give ...**

Give compliments, think about a skill you have you could share with your whānau/flatmates/friends, share a favourite recipe, let people know you're there to help (and tell them what help you can offer – e.g. can you pick up food for a neighbour when you go shopping?)

# MERRY CHRISTMAS

