REFLECTIVE ACCOUNT

Pulmonary oedema

A CPD article improved Monica Thompson’s knowledge of the assessment and management of acute pulmonary oedema.

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
The CPD article discussed acute pulmonary oedema, which is the build-up of excess fluid in the lungs. It is a life-threatening illness that should be treated as a medical emergency.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
The article stated that pulmonary oedema is diagnosed based on the patient’s presentation, which generally includes: sudden onset of dyspnoea, especially when lying down; rales (rattles or crackles) present on auscultation; and oxygen desaturation.

Early recognition, accurate assessment and appropriate management are essential to prevent deterioration and improve patient outcomes. The ABCDE (airway, breathing, circulation, disability, exposure) approach should be used to assess patients. Diuretics and vasodilators are first-line treatments for people with acute pulmonary oedema, while nursing care focuses on optimising oxygenation, monitoring, triage and planning discharge.

The article outlined the causes of pulmonary oedema. I have learned that the most common cause of pulmonary oedema is increased pressure in the capillaries, which could be precipitated by increased intravascular volume from over-transfusion of fluids and renal failure, or by the redistribution of blood volume or flow.

How did you change or improve your practice as a result?
Reading the CPD article has improved my understanding of acute pulmonary oedema. The article emphasised the importance of communication, adopting a multidisciplinary approach and long-term patient management, which I can implement in my practice. Patients with pulmonary oedema are usually distressed, and in the past, were given opiates to provide relief. However, I am now aware opiates should not be given routinely to patients with acute pulmonary oedema. Timely management and assessment, as well as good communication, are more likely to ease distress. Developing greater understanding of the patient experience will enhance compassionate care. Patients should also have a structured self-management plan in place when they are discharged.

Write your own reflective account
You can gain a certificate of learning by reading a Nursing Standard CPD article and writing a reflective account. Turn to page 54 for this week’s article. To write a reflective account for Nursing Standard, use the NMC reflective accounts form available here: revalidation.nmc.org.uk/download-resources/forms-and-templates
Complete the four questions about the CPD article you have just read, writing about 800 words in total. Details of how to submit your reflective account are available at: journals.rcni.com/r/reflective-account

£50

The authors of reflective accounts that are published in Nursing Standard receive a £50 book token.
PATIENT VIEW

‘An inspirational figure who works hard for patients’

Roger Stevens praises rheumatology service manager Colin Beevor’s commitment to empowering patients

Colin Beevor is an inspiration to patients and staff. He is a strong leader with boundless energy, determination, ideas, drive and enthusiasm.

Matron and rheumatology service manager at Queen Alexandra Hospital in Portsmouth, Colin works incredibly long hours, and it is not unusual to receive emails from him at 6am, in the evenings or at weekends.

He spends many hours of his free time helping rheumatology patient support groups, putting on special education evenings and fundraising.

The groups owe Colin so much for his encouragement and help with activities. With his assistance, the Portsmouth branch of the National Ankylosing Spondylitis Society has more than doubled its membership in 4 years.

Spreading the word

His patient and public involvement initiatives have been magnificent, with some events in Portsmouth attended by more than 500 people.

Colin is also revitalising the local Arthritis and Musculoskeletal Alliance network. The flow of information from him relating to local health developments has enabled self-help groups to engage with clinical commissioning groups, with notable success.

His commitment to empowering patients has also benefited the rheumatology department.

Support groups

Thanks to his encouragement, people with long-term conditions have joined local management groups that support those with conditions such as osteoporosis, ankylosing spondylitis and rheumatoid arthritis.

Colin has also helped to set up the hugely successful ‘10 out of 10’ initiative for people with rheumatoid arthritis, which allows patients to try a different method of exercise such as t’ai chi or pilates each week for 10 weeks.

Quite simply, I have never met anyone like him.

How is this relevant to the Code?

Select one or more themes: Prioritise people, Practise effectively, Preserve safety, Promote professionalism and trust

One of the themes of The Code is to practise effectively, which involves working cooperatively with others. The article identified that a multidisciplinary approach and effective communication are crucial to prevent patients with pulmonary oedema from deteriorating. It is also important for nurses to keep their knowledge and skills up to date. Reading this article has updated my knowledge of acute pulmonary oedema, including its symptoms and treatment.

The Code states that nurses must prioritise people. Treatment of pulmonary oedema should be patient-centred and enable individuals to make informed decisions about their care.

Monica Thompson is a theatre/recovery team leader at Nuffield Health Bournemouth Hospital, Bournemouth

and be informed of the signs of reoccurrence.

The article stated that a fluid-balance chart should be used to monitor a patient’s urine output. I have discussed the importance of monitoring observations with the students I mentor and will continue to encourage the accurate completion of fluid-balance charts. The article has prompted me to organise a teaching session for my colleagues about pulmonary oedema.

The article stated that a fluid-balance chart should be used to monitor a patient’s urine output. I have discussed the importance of monitoring observations with the students I mentor and will continue to encourage the accurate completion of fluid-balance charts. The article has prompted me to organise a teaching session for my colleagues about pulmonary oedema.

The article stated that a fluid-balance chart should be used to monitor a patient’s urine output. I have discussed the importance of monitoring observations with the students I mentor and will continue to encourage the accurate completion of fluid-balance charts. The article has prompted me to organise a teaching session for my colleagues about pulmonary oedema.