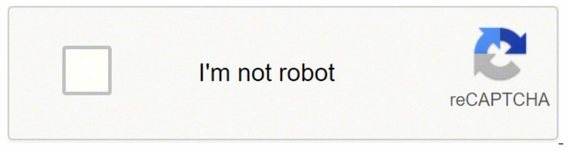
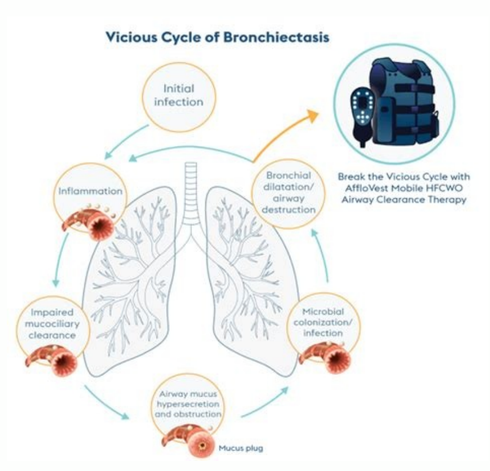
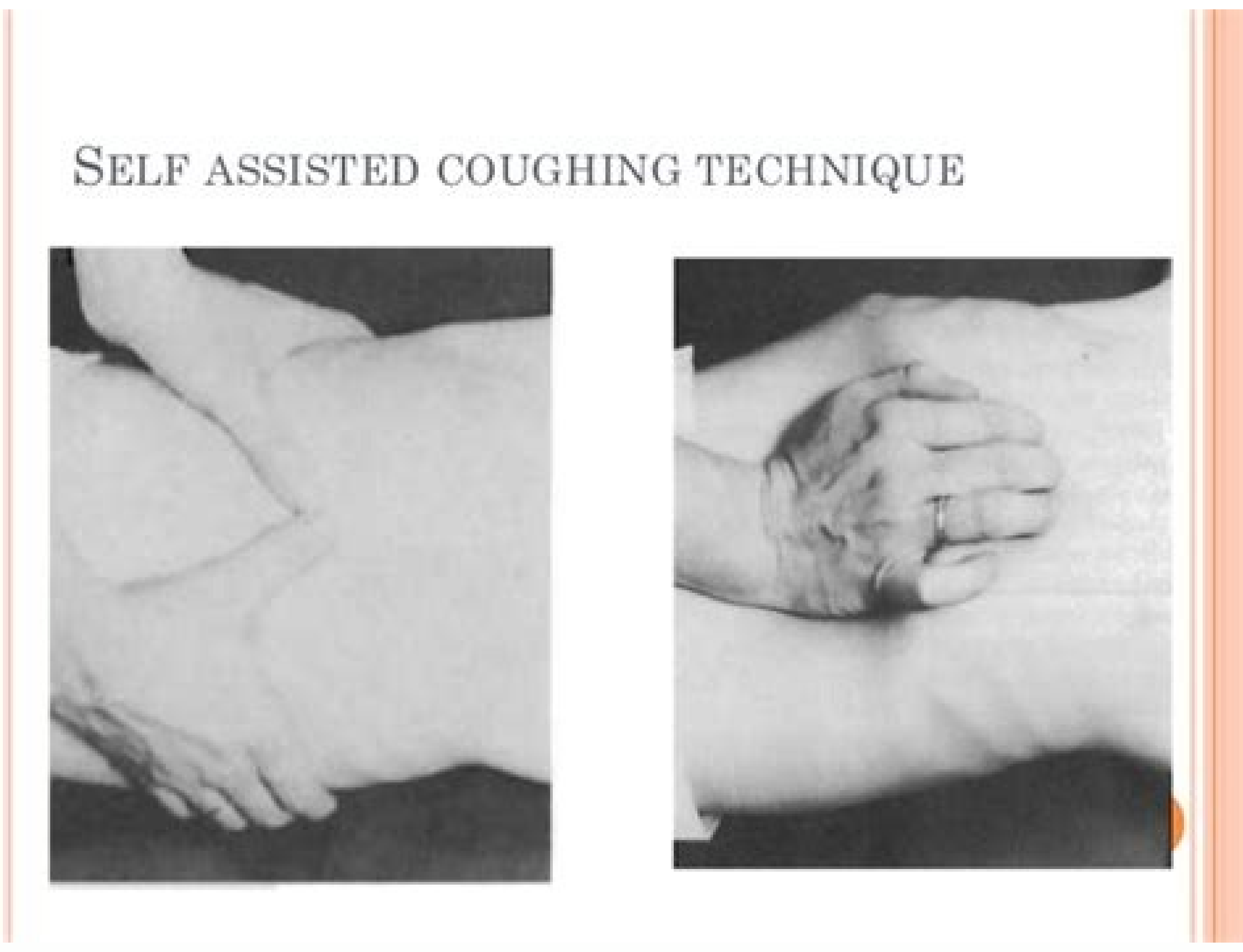


Next

Manual airway clearance techniques





How to do airway clearance. How to promote airway clearance. How to use the vest airway clearance system. How to improve airway clearance.

Many people with chemical fibrosis (CF) and other medical conditions use high frequency wall swing vests (HFCWO), known as respiratory cleaning systems, as part of their daily respiratory cleaning routine . If you are considering using a therapy vest, you certainly have some questions you want to be answered before deciding if HFCWO is right for you or your child. This article addresses some of the most frequent questions (FAQ) that have been made on these systems. Ryanjlane / Getty Images HFCWO vests seem similar to water sports lifestyle jackets. They are made of soft and flexible material that is similar to the material used for arterial pressure wives. The vest has one or two large and flexible plastic hoses glued to it that connect to a small machine. Two known brands of these vests include: a new type of built-in vest characteristics Individual oscillating mechanical modules that allow traveling without restrictive hoses or heavy generators: Afflovest - Manufactured by International Biophysics Corporation The objectives of HFCWO treatment are The same as with any other respiratory cleaning technique: breaking the mucus and helping to take it to the upper respiratory routes, where it can be toassed or deleted by suction. The machine connected with the vest is an air compressor that offers air gables to inflate quickly and deflate the vest around 25 times per second. This creates a soft pressure and vibration on the chest, which does three things: the mucus is broken, making it more thin creates â € œMini-thingsâ € in the lungs, which helps push the mucus to Outhaze That the cilia moves more fast, helping them to bring the loose mucus to the superior respiratory trails there is no minimum requirement for HFCWO therapy. Generally, Once the breast measurement of a child is large enough so that the vest adjust correctly, he or she can start using the vest. These systems can be expensive or difficult to find. New vest models can cost between and $20,000, and may not always be covered by insurance".For example, do most insurance companies require that certain criteria be met before they agree to pay for the vest? For example, some insurers may want documentation of common respiratory infections or evidence that other airway authorization techniques have been tried with limited or unsuccessful success. For some, the vest offers an excellent alternative or addition to manual chest physiotherapy (CPT), but it's not necessarily the best option for everyone. The decision to use HFCWO therapy or not is an option based on the recommendations of personal preferences and health care providers (see table below). Advantages: Treatment can be done without help. It does not require any skill, so each treatment will be done properly. Freedom to do other things during treatment, because no special position or breathing techniques are required. It brings all the lobes of the lung at once, Therefore, the treatment time is shorter than the manual CPT. Disadvantages: New vest models can cost between $15,000 and $20,000, and may not always be covered by insurance. Access to electricity. Change the equipment when you travel. The compressor weighs between 10 and 30 pounds, depending on the model. HFCWO vests are only available by prescription. If you are considering wearing the vest, talk to your healthcare provider or the CF treatment center team. Get our printable guide to your next medical appointment to help you ask the right questions. Thank you for your feedback! What are your worries? 1. Fahy JV, DICKEY BF. Airway mucus function and dysfunction. New Engl J Med. 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The use, distribution or reproduction is permitted in other forums, provided that the author or original authors and the copyright holder or holder are credited and the original publication of this journal is cited, in accordance with the accepted academic practice. No use, distribution or reproduction is permitted that does not comply with these terms. Different TCAs and their characteristics.PatientsTipologyPatient CollaborationGrade of the PatientTos EffectivenessProconExecution TimePostal drainage needsCOPD, cystic fibrosis, post-surgery (precaution)â WellSÃlow cost, long studied combining with other techniquesPatients with reduced flow rates, reduced, With cognitive deterioration, highly speaking patients, patients with reduced cough reflex, trauma10â € ²â €'30â € ² (2â € "3 times / day) mobilize the secretions of the periphery manualsCopd, average chebitary fibrosis - GoodSilow COST, dismantling secretions of the bronchial wall, combining with other technical patients with reduced flows, patients with cognitive deficiency, highly speaking patients, patients with reduced cough reflex20 (2-3 times a day) Mobilize the secretions of the periphery of the lung. Facilitate the active expectancy of breathing techniques Hypersecretaria pre-post-surgery chemical fibrosis. It combines pulmonary re-expanding and the PEP effect. Self-management Patients with reduced flows, patients with cognitive deficiency, agitated or confused, patients who do not breathe spontaneously20â € ² (2-3 times / day) mobilize the secretions of the pulmonary periphery. Facilitate the expector Acionutogenous DrainGecopd HyperSecretaria Fibrosis Quiston Pre / Post-Average Spell - GoodSfree. It combines pulmonary re-expanding and PEP effect. AUTOGESTION Patients too young, patients with cognitive deficiency, patients with high deformation, patients with reduced cough reflex, difficult to teaching ² (2-3 times / day) Mobilize secretions of the pulmonary system periphery (mask PEP , Bottle PEP, PEP, PEP. Etc.) EPOC hypersecretaria Fibrosis pre-post-surgery Cost, easy to use and transportable. Excellent to manage the first stages of COPD. Self-management Patients with reduced flows, patients with cognitive deficiency, highly speaking patients, pneumothox, Haemoptissis Active10â € ²-15â € ² (1â € "2 times / day) Mobilize the secretions of the pulmonary periphery, increase the pulmonary volume (FRC and VT), Reduce OPEC Systems Hyperinflation (Aerobika, Acella, Flutter, Cornet, etc.) COPD Hypersecretaria Quiston Fibrosis Pre / Post-Spell - GoodSiLow cost, easy to usetransportable, vibration allows a better action in the denser secretions. Excellent to manage the early stages of the disease. Self-management. Patients with reduced flow, patients with cognitive impairment, highly disobeyed patients, pneumhorax, active hemotyth.10 2 "15 € (1, 2 times / day) mobilising the secretions of the periphery of the lung; swing facilitates the detachment of secretions, increasing the lung volume (FRC and VT), the reduction of the assistance of hyperinflation Surgery, maxillofacial trauma, epistaxis, requires trained personnel, expensive10 2 "30 2 (2, 3 times / day) mobilize and eliminate secretions in patients with a reflex of ineffective coughs using a "PRESIONIPP (O r percussionaire) COPD (hypercapnic), bronchiectasis, cystic fibrosis of good to low ventilation care, also helps to reduce hypercapue Expension, not widespread; To know its use well. Domicile Difficult30 2 optimal ventilation of the patient; Easy detachment and promotion of secretions (through the â€œrupture of mucus) T -PEP (temperary positive expiratory pressure) (temporary positive expiration rate) COPD Hyper SecrevivoCystic Fibrosis Pre / post-Cirugery - Goodyesgood feedback for the patient during the execution of the manoeuvre. Useful for stalkingpatients with reduced expiration flows. Self-management. Patients with cognitive impairment, with reduced cough reflex. costly15â2â20â2 (1â2 times/day) Maintain a prolonged and steady flow of dead with low pressures facilitating the rise of mucus Vest (or Intelligent Vest) COPD, Bronchiectasis, Costic Fibrosis Good to absent Easy Easy to use, comfortable For patients with ineffective cough need to join a cough help; expensive20â2 /day (even several times a day) Mobilize secretions through vibrations in the chest wall. Acceleration of expiratory flowCOPD, Bronchiectasis, post-surgery, post-transplantation, plastic fibrosis, NMD (Healthy Lung), ABI (if it is impossible to use cough) From good to absent Not necessarily plastic fibrosis Self-management. Pre/post-surgery (thoraco-abdominal, ENT, cardiac) Brain damage Neuromuscular pathologies (ALS, MS, etc.) Excellent for tracheostomized patients and patients with low flows Self-management even for the most compromised patients Not effective in very dense and viscous secretions (needs to be treated with the patient) act on the rheology of the mucus); ineffective in tachypnoic patients (the patient must breathe on his TV) 15â˜30â˜ (but more in monitored and hypersecreted patients) Accelerate venturi flow (venturi system) facilitating the rise of secretions to the respiratory tract superior or to the glottis (to be swallowed later) NIV cosmetic fibrosis, Pre/post-surgery Average – GoodSÃ-Enhances the inspired flow. It combines pulmonary expansion and the PEP effect. For patients with ineffective cough need to join a cough aid; expensive20â2 /dieRe-expand and unblock areas at risk of atelectasis or bronchial enlargement

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