

BTS/ACPRC Guideline

Physiotherapy management of the adult, medical, spontaneously breathing patient Web Appendix 10 – Action Plan for a Person with Neuromuscular disease

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Name				
Vital Capacity	Date achieved			
Best cough Peak Flow	Date achieved			
	Key to terms used in this action plan			
MI-E: Mechanical in-exsufflator -the cough-assist machine				
MIC: Maximal insufflation capacity - the biggest breath you can hold				
Breath stacking: Adding breaths together, by holding your breath in between breaths, until your lungs are full				
PCF: Peak cough flow - the fastest cough you can do when you cough into the peak flow meter				
SpO ₂ : Arterial oxygen saturation (levels) measured with a finger probe				
Frog Breathing: A method of taking air into the lungs by using the tongue to gulp air				
NIV: Non-invasive ventilation				

If you have an effective cough and no signs of a chest infection

If the following describes you	Your action is
You are able to work, play or function as usual You do not have any of the symptoms in the next section PCF more than 270L/min and/or SpO ₂ on air more than 95%	Continue your MIC exercises as prescribed: Breath stacking Single breath MIC Monitor your PCF routinely Continue to use methods needed to achieve PCF above 270L/min when you are well Manually assisted coughing MI-E Frog Breathing NIV Bag assisted breaths Discuss with your doctor the possibility of keeping a supply of antibiotics at home.



If your symptoms are troublesome and getting worse

If the following describes you	Your action is
You start to feel unwell with cold or cough or notice a change in your cough You are producing phlegm which is difficult to clear You notice any of the following: you are having difficulty swallowing You are more breathless on activity or lying flat You are waking with headaches in the morning You feel tired during the day You are lacking concentration	Contact GP/ ventilation service for a review or advice Consider starting your home supply of antibiotics (if you have them) if sputum green or yellow Monitor PCF and aim to keep above 160L/min Use methods needed to increase PCF to greater than 160Lmin and to ensure sputum is cleared: Manually assisted coughing MI-E Frog Breathing NIV Bag assisted breaths
 You suffer from general malaise or poor appetite You are getting regular chest infections You are needing to use your ventilator more than normal Your PCF has dropped below 270L/min but is greater than 160L/min and/or your SpO₂ is lower than 95% on air 	Monitor SpO ₂ if possible and aim to keep above 95% If on ventilation: Use as you feel needed Or use to keep SpO ₂ greater than 95% Contact ventilation service for advice

Your symptoms have not improved or continue to worsen

If the following describes you	Your immediate action is
You are unwell with cold or cough and this has not improved with antibiotics /or treatment prescribed above	Contact your GP or local ventilatory service for an emergency assessment and advice.
Your PCF has dropped below 160L/min despite using maximum assistance strategies on green/amber pages You are producing phlegm (sputum) and you are unable to clear it You are very breathless You are not able to keep SpO ₂ above 95%	If you are on ventilation you can use your ventilator to support you while you wait for advice and or assessment If you have an oxygen alert card make sure you give this the health professional looking after you DO NOT DELAY – GET HELP NOW

Useful contact numbers:		
My physiotherapist is		
Contact tel		
My Doctor's tel		
Local respiratory service		
Specialist respiratory service		
Ventilation service		

