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EVALUATION OF SPUTUM PRODUCTION WITH THE USE OF THE FREQUENCER WITH THE ADULT CYSTIC FIBROSIS PATIENTS

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Background: The use of secretion clearance and secretion clearance device selection protocols with the adult cystic fibrosis (CF) population provides the Respiratory Care Practitioner (RCP) and patient to select from multiple secretion clearance devices. Although, the multiple selections are available, chest physical therapy (CPT) via a percussor remains to be one of the primary choices by the patient for effective sputum production. The device selection protocol suggests the vest and intrapulmonary percussive ventilation (IPV) to be one of the preferred or primary devices, with CPT via percussor or flutter being an alternative choice. In March of 2010, the Frequencer was added to the departments' inventory of secretion clearance devices. Since then, 12 CF patients have been initiated. Method: The Frequencer was introduced to the adult CF population as an alternative to their normal secretion clearance regime. Our respiratory care management information system (RCMIS) allows RCPs to select from a list to document the device and the measurement of sputum production. The sputum production list consists of none, scant, 1-4ml, 5-10ml, 11-15ml, and swallowed. The number of treatments given and the sputum production range selected were totaled from our RCMIS. Scant and none were counted to be unproductive. The documentation of 1-4ml, 5-10ml, 11-15ml, and swallowed were counted as productive. Results: Since March 2010, 12 CF patients have initiated the use of the device, with 84 treatments delivered. Document of sputum production was as follows: 19 none (23%), 2 Scant(2%), 17 1-4ml(20%), 23 5-10ml(27%), 3 11-15ml(4%), and 20 swallowed(24%). The majority of the treatments were productive (63; 75%). A fourth of the treatments were unproductive (21; 25%). Conclusions: With acceptable results of sputum production documented with the initial 12 CF patients, the Frequencer, can safely be considered to be one of the preferred or primary choices by the patient and RCP.