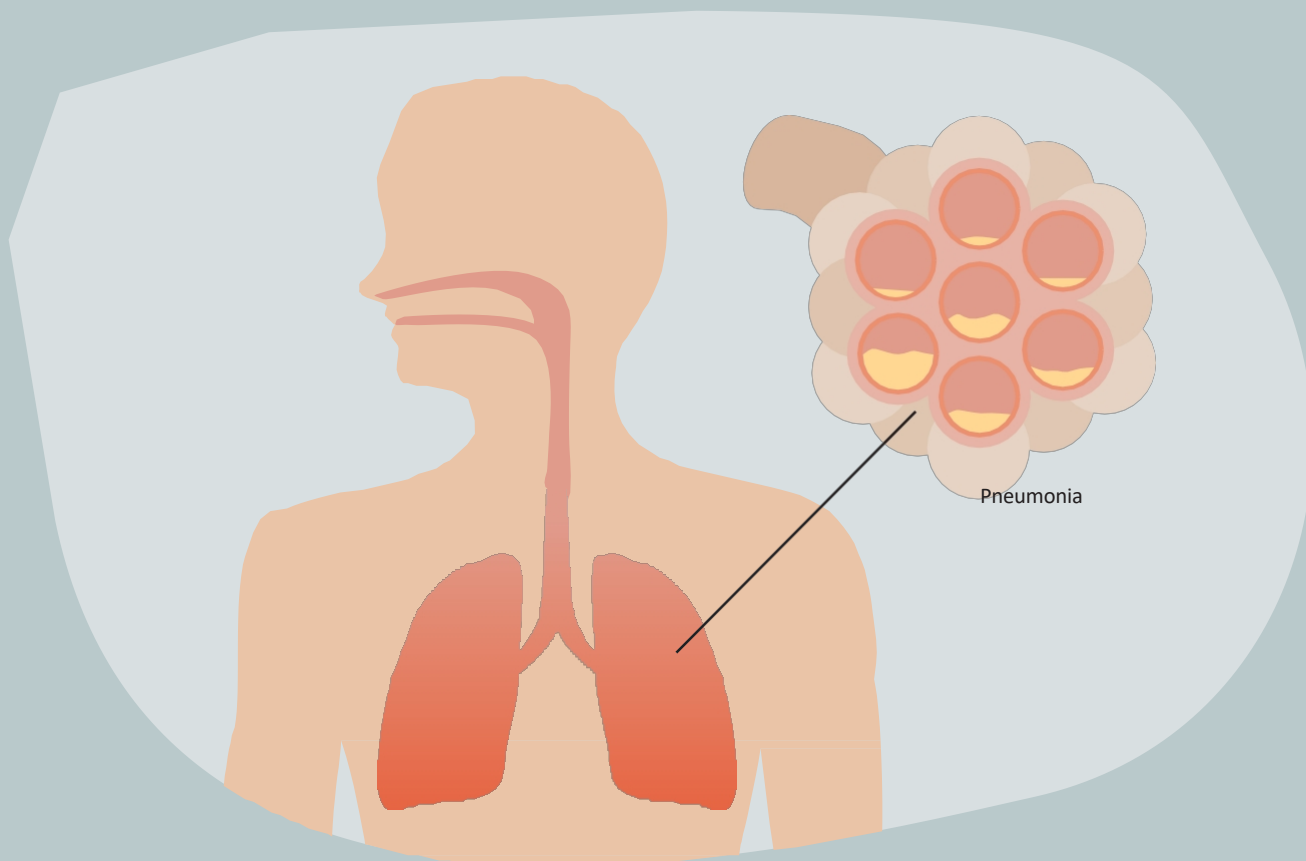


# LISA – how you as a carer can help reduce the risk of pneumonia

Pneumonia can be life-threatening for elderly and frail people. Care recipients with limited mobility, pre-existing conditions or swallowing disorders are particularly at risk and therefore need your attention. In collaboration with nursing staff, you can do a lot to prevent pneumonia from developing in the first place.



## Why pneumonia is so dangerous

Pneumonia is often severe in elderly, multimorbid care clients. Many of them have little or no immune system due to other illnesses. Pneumonia is one of the most common complications in everyday care – and unfortunately also one of the most common causes of death. Therefore, the earlier risks are identified and measures are taken, the better severe cases can be prevented.

## There is an increased risk of pneumonia , for example, in care recipients who:

- are very old
- suffer from respiratory diseases
- move little or not at all
- have already had pneumonia
- suffer from swallowing disorders or aspiration
- are ventilated or have had a tracheotomy
- eat or drink poorly (dehydration)
- can hardly communicate
- have poor oral hygiene
- are receiving antibiotic treatment or pain therapy



## How to recognise a risk of pneumonia

The nursing staff is responsible for assessing the risk of pneumonia – e.g. using the respiratory scale developed by Prof. Dr Christel Bienstein.



**PLEASE NOTE:** Prof. Dr Christel Bienstein's assessment scale can be found at: <http://pflgeschulen-hl.de/wp-content/uploads/Atemskala-Bienstein.pdf>



The respiratory scale lists 15 risk factors that must be assessed and scored by your nursing staff. The pneumonia risk is then calculated based on the score for each individual patient. If your patient scores up to 6 points, for example, they are not considered to be at risk of pneumonia. If they score 7 points or more,

nursing staff must initiate nursing measures to prevent pneumonia.

As a caregiver, you actively support the specialist by observing attentively, reporting changes and helping to implement planned measures.



## The LISA principle

Once a risk has been identified, the nurse determines appropriate measures – after consulting with the doctor if necessary – and you, as a nurse, help to implement them. The LISA principle serves as a guide:

### LISA – examples of implementation in pneumonia prevention

#### L – Improve lung ventilation

- Ventilate regularly, but avoid draughts
- Upright positioning (e.g. upper body elevated)
- Breath-supporting positioning: side position, crescent position, coachman's seat
- Active and passive movement exercises
- Mobilisation: sitting instead of lying down, standing up, short walks
- Breathing exercises: e.g. deep inhalation and exhalation, pursed lips, "apple picking"
- Breathing games: e.g. blowing away cotton wool balls, inflating balloons  
Inflating



#### I – Avoid infections

- Thorough oral and, if necessary, nasal care
- Hygienic working practices during suctioning
- Rinse your mouth after eating, using antibacterial mouthwash if necessary (consult your doctor for long-term use)
- Consistent hand disinfection and compliance with the hygiene plan





## S – liquefy, loosen and remove secretions

- Ensure adequate fluid intake (after consulting a doctor, e.g. in case of heart or kidney problems)
- Apply chest compresses or warm, moist compresses
- Inhalation with NaCl 0.9% or bronchodilator medication (medical prescription required)
- Rubbing with suitable essential oils (be aware of allergies and intolerances)
- Only administer mucolytic medication on medical advice



## A – Avoid aspiration

- Sit upright when eating and drinking – and remain seated for approximately 20–30 minutes afterwards.
- Eat calmly, avoid rushing
- If you have difficulty swallowing, use thickening agents for drinks

### Very important: documentation

The nursing staff document the determined risk of pneumonia in the nursing history and in the action plan (e.g. in the SIS and risk matrix). As a nurse, you help to regularly implement the planned measures, monitor them and point out any changes if necessary. In addition, the care recipient (or relatives) should be informed about the risk and the measures.



**CONCLUSION: Pneumonia prevention is quality work.** Pneumonia prevention is particularly successful when all those involved work together: nursing staff plan, carers implement and inform the nursing staff of any special circumstances.