

Depending on the client's risks of exacerbation and how they present symptomatically, they may be offered a range of short and long term therapy, either with beta agonists, muscarinic antagonists or inhaled glucocorticoids. Either given alone or in combination. Patients who experience a sudden

increase in sputum volume, difficulty breathing, or change in sputum appearance should seek medical attention, as these can be early signs of worsening chronic bronchitis. Exacerbations can be treated using short-acting bronchodilators, and early detection improves outcomes in patients. Intravenous magnesium has been successful in cases where severe exacerbations are refractory to short-acting inhaled bronchodilators,

Considerations

Lowest O₂ Therapy

Lowest O₂-tank Therapeutically-massaging

In patients with chronic bronchitis, the respiratory center in the brain develops a high tolerance to carbon dioxide in response to chronic hypoxemia. It is important to remember that administering a high flow of oxygen to these patients can take away their drive to breathe. Therefore, the lowest effective oxygen flow rate should be used when administering oxygen therapy.

Assisted Ventilation

Assisted into Vent

Continuous positive airway pressure (CPAP) may be beneficial in patients who require additional breathing assistance. The positive pressure in CPAP works to keep the alveoli open, ultimately preventing bronchiolar collapse. Chest physiotherapy, using percussion and vibration, can be beneficial in patients who have difficulty clearing respiratory secretions on their own. In severe cases of respiratory distress, a patient may require intubation to facilitate breathing.

Increased Infection Risk

Up-arrow Bacteria Risk

Patients with COPD, especially chronic bronchitis, are more susceptible to infections. This susceptibility is due to the decreased functioning of respiratory cilia and excess respiratory secretions.