

Vanuatu Health Research Symposium  
22-24 September 2021  
Port Vila, Vanuatu  
Hosted by the Vanuatu Medical and Dental Association



## Research Summary

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Category (clinical/public health):	Clinical
Data focus:	SANMA

**Title** Clinical audit of nebulizer use at NPH ED

### Abstract

Asthma is a common non communicable disease (NCD) causing substantial disability world wide. Inflammation and narrowing of small airways in the lungs cause asthma symptoms. Its triage and management depends entirely on the level of severity upon presentation. It can be classified as mild intermittent, mild persistent, moderate persistent and severe persistent asthma. Mild persistent to moderate persistent asthma can be treated at home with salbutamol inhaler preferably via spacer and glucocorticoids where as severe persistent should be managed in hospital with continuous salbutamol flow, preferably via nebulizer, and glucocorticoids with oxygen support. This is the basic management in a low resource setting.

At the Northern Provincial Hospital (NPH) emergency department it's no secret that the triage and management of asthma patients has not been up to standard for a while leading to poor control, burdening, not only the asthmatic but the country as whole. In this report, based on a real time study carried out September 2019 by medical officers under the leadership of Dr Jonathan Henry, we show that of the 101 patients studied 17% did not need salbutamol nebulizer but still got it, 52.5% were self referred into the nebulizer room for treatment, the most common reason for inhaler refusal was that it was never offered and finally indicate that open fire smoke is an important precipitant of asthma. The results clearly illustrate the poor standard of asthma triage and management. Recommendations made in relation to research outcome include strengthening staff knowledge on asthma triage and management through refresher courses, drawing up guidelines in triage and management of asthma, allocating space for asthma triage and treatment other than emergency room, and improving patient knowledge through face to face teaching.