

小兒拍痰護理指導

Nursing Instructions for Chest Percussion in Children

為什麼要拍痰

Why chest percussion:

大多數的兒童無法把痰液咳出，所以必須藉由拍痰及姿位引流，使附著在氣管壁上的痰液鬆脫且容易咳出，進而改善呼吸情形，使兒童病情改善。

Most children could not cough out the sputum and hence require chest percussion and postural drainage to loosen the sputum adhered to the tracheal wall and easily cough it out, thereby to improve the breathing condition and the illness in children.

<p>拍痰前準備</p> <p>Preparation before chest percussion</p>		<p>(1) 穿著軟質棉衣保護皮膚。 (2) 執行拍痰者摘除手上之物品，以免造成傷害。 (3) 時機：三餐飯前、睡覺前做，避免嘔吐。</p> <p>(1) Wear soft cotton clothing to protect the skin. (2) Remove objects from the hands of person executing sputum percussion to avoid injury. (3) Timing: Before meals and sleep to avoid vomiting.</p>
<p>拍痰姿勢</p> <p>Posture for chest percussion</p>		<p>兒童趴在您的大腿上或側臥於床上，呈頭低臀高的姿勢，約傾斜15-30度，必要時腹部可墊枕頭，增加舒適感，注意安全勿滑落。 如果兒童哭鬧無法配合，可採抱姿或坐姿。</p> <p>Allow children to lie on the lap or lie sideways on the bed, inclined for 15~30 degree with head down and hip up position. Put a pillow under the abdomen when necessary to enhance comfort. Pay attention to safety and do not fall. If children cry and could not cooperate, take sitting or embracing position.</p>
<p>拍痰手勢</p> <p>Hand gesture for chest percussion</p>		<p>(1) 拍痰時手掌，掌心中空呈杯狀(如上圖)。掌面向下，利用手腕關節自然活動彎曲的力量，穩穩地觸及胸壁，要有”勺丿、勺丿“聲。 (2) 只要操作正確，叩擊應是無痛性的，也可利用拍痰杯(如右圖)協助拍痰。</p> <p>(1) The palm should be in hollow cup shape (as shown from the above image) during percussion. Have the palm face down, use the actively bending force of the wrist joint to naturally and stably touch the chest wall, need to have "Po Po" sound. (2) Correct operation will have percussion without pain. Use sputum cup (as shown on the right image) to help with chest percussion.</p>
<p>拍痰部位</p> <p>Areas of percussion</p>	 <p>拍痰部位 Percussion Areas</p>	<p>拍擊肺部左右兩邊，各拍 3-5 分鐘，速度 1 秒約 2 下，一天至少 4-6 次。</p> <p>Pat the lung on the left and right side, each for 3~5 minutes and in the speed of 2 percussions per second. Do it for 4~6 times a day at least.</p>

注意事項

Precautions

- (1) 叩擊應避開胸骨、脊椎骨、腹部及重要器官如：胃、肝臟、腎臟。
(1) Avoid chest bone, spiral bone, abdomen and important organs such as stomach, liver and kidney during percussion.
- (2) 過程中必須觀察兒童呼吸及膚色變化，若有唇色發紫或嘔吐情形，先抱起暫停拍痰，並清除口鼻分泌物，待呼吸平穩後再拍痰，有任何問題立即告知護理人員。
(2) Observe the breathing and skin color change in children during the process. In the event of purple-color lip or vomiting, carry the child and suspend the percussion, in addition to cleaning the nasal secretion. Restore to percussion after the breathing stabilizes. Notify the nurses immediately for any problems
- (3) 拍痰後痰不一定會咳出來，只要痰鬆脫就可能會將痰吞到肚子經由大便排出或可由抽痰器抽出。
(3) The sputum will not necessarily be coughed out after percussion, which could be swallowed to the stomach once the sputum gets loosened, thereby discharged through excretion or sucked out by sputum suction apparatus
- (4) 位置較深的痰液，因拍痰後會使痰液引流到上呼吸道，反而會有明顯痰音，此乃正常現象，只要繼續執行拍痰，即可改善。
(4) Sputum with deeper location will be draining the sputum to the upper respiratory tract after percussion and result in more significant sputum sound. This is normal phenomenon and will be improved after continuous execution of percussion.
- (5) 禁忌症：出血性疾患（如咳血、肺栓塞、使用抗凝血劑等）、槌枷胸、肋骨骨折、成骨不全症。
(5) Contraindication: Patients of hemorrhagic diseases (such as coughing with blood, pulmonary embolism and use of anticoagulant), flail chest, rib fracture, and osteogenesis imperfecta.

參考資料

黃美智、蔣立琦總校閱(2018)．*兒科護理學*（六版）．台北：永大。

若您想對以上的內容進一步了解，請洽諮詢電話：05-2756000 轉 40 病房分機 4001、4002

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