

Pulmonary Diseases and Critical Care specialists at the University of Michigan

Candy Jenny*

Department of Pulmonary Intensive Care, University of California, California, United states

*Corresponding author: Candy Jenny, Department of Pulmonary Intensive Care, University of California, California, United states, Tel: +15896354896; E-mail: Candyjr@gmail.com

Received date: 01 July, 2021; Accepted date: 16 July, 2021; Published date: 27 July, 2021

Citation: Jenny C (2021) Pulmonary Diseases and Critical Care specialists at the University of Michigan, J Intensive Crit Care Vol. 7 No. 7: 129

Introduction

Pulmonary Diseases and Critical Care specialists at the University of Michigan focus on pulmonary (respiratory) disorders and critical illnesses (conditions such as shock, respiratory failure, and multiple organ failure). Our comprehensive clinics provide multidisciplinary care by dedicated teams to treat the full scope of pulmonary issues including asthma, COPD and emphysema and cystic fibrosis. Upper respiratory tract infections account for millions of visits to family physicians each year in the United States. Although warranted in some cases, antibiotics are greatly overused. This article outlines the guidelines and indications for appropriate antibiotic use for common upper respiratory infections. Early antibiotic treatment may be indicated in patients with acute otitis media, group A beta-hemolytic streptococcal pharyngitis, epiglottitis, or bronchitis caused by pertussis. Persistent cases of rhino sinusitis may necessitate the use of antibiotics if symptoms persist beyond a period of observation. Antibiotics should not be considered in patients with the common cold or laryngitis. Judicious, evidence-based use of antibiotics will help contain costs and prevent adverse effects and drug resistance.

A Respiratory Therapist (RT) is trained to help people with lung diseases or disorders that can result from a myriad of issues. They treat patients dealing with pulmonary distress due to complications from asthma, bronchitis, COPD, pneumonia, chest trauma, prematurity, lung cancer, and more. Respiratory therapists are in high-demand, too, with industry growth projected to be at least 23 percent over the next decade according to the U.S. Bureau of Labor Statistics. A respiratory therapist helps patients who are having trouble breathing. Respiratory therapists work under the direction of doctors and treat a range of patients, from premature infants whose lungs are not fully developed to elderly people with lung disease. They give patients oxygen, manage ventilators, and administer drugs to the lungs.

Future respiratory therapists can earn an Associate of Science in Respiratory Care degree and entry-level certification as a Certified Respiratory Therapist (CRT) to begin a career in the field. Those pursuing leadership roles can earn a Bachelor of

Health Science in Respiratory Care degree and the highest level of credential as a Registered Respiratory Therapist (RRT). A respiratory therapist is trained and skilled to assess, diagnose, and treat patients who have difficulty breathing. They work with people of all ages, from infants to the elderly, in conjunction with physicians and nurses to come up with treatment plans aimed at best helping restore as much natural breathing function as possible.

From initial interviewing and examining, to teaching patients how to administer treatments on their own, respiratory therapists are a critical component in helping people living with cardio-pulmonary disease and disorders. Respiratory therapists work in hospitals, cardiopulmonary diagnostic labs, cardiopulmonary rehabilitation centers, nursing homes, and home health agencies; however, about 75% of respiratory therapists are employed by hospitals. They typically work 35-40 hour weeks. Depending on where they work, they may work nights, weekends, and holidays, especially if they do direct patient care in hospitals or nursing homes. Shifts can be long, and respiratory therapists typically spend most of their shift on their feet. One of the conditions frequently dealt with is obstruction of breathing passages, in which chest physiotherapy is used to facilitate clearing the airway of mucus or liquid secretion by suction. Chest percussion, performed manually or by means of a handheld precursor or vest, produces vibrations that help to loosen and mobilize secretions. Postural drainage is a technique in which the forces of gravity are used to promote the drainage of obstructing secretions. Aerosol treatments are used to relieve bronchospasm and mucous membrane swelling and to mobilize secretions for easy removal. Water is a major therapeutic agent in bronchopulmonary disease and may be used in the form of cold steam, hot steam, or a fog (as in an oxygen tent or a croup tent). Aerosol humidifiers called nebulizers may be powered by compressor machinery or by a hand-squeezed bulb to project medication or water spray into the airway. Ultrasonic equipment may be used to propel very fine particles directly into the lungs, as in treatment of cystic fibrosis. Medications, such as bronchodilators, mucolytic, and antibiotics, can also be administered in an inhaled mist by means of an ultrasonic nebulizer.