

pūkorokoro- Airways

Newsletter of the College of Respiratory Nurses (NZNO)



Kia ora koutou,

With spring on our doorstep, I am relieved winter is now behind us. You may feel similarly, as the winter season is particularly challenging for many of our patients living with respiratory diseases. I want to acknowledge the incredible mahi we do as nurses, helping people and their whānau around the motu, working in a variety of roles and workplaces. Your hard work is extremely valuable, ka pai everyone!

Sharon Phillips and Raquel Jordan have recently joined our committee. Welcome! I look forward to working together with both Sharon and Raquel on upcoming projects and events.

Members of the committee will be attending the Asthma and Respiratory Foundation Conference from 30th to 31st October in Wellington. We have secured a promotional stand at the 2-day event. If you are attending the conference, please come by and say hi. This is a great opportunity to kōrero.

In response to a letter of introduction sent to the minister of health, the College has been offered (and accepted) a meeting with Minister Simeon Brown. This will be on the 11th December in Wellington. We have been asked to provide items for discussion. I invite you, as members, to please contact the committee with any questions or topics you would like discussed with the minister.

The committee is in the early planning stages of our biannual symposium and AGM, this time it is to be held in Wellington on the 1st May next year. We hope to see you there! Our symposium planning sub-committee is meeting next month, so more details will come soon.

Ngā mihi nui,
Jacquie Westenra
Chairperson

Kia ora koutou

Malo e lelei

Talofa Lava

Ni sa bula Vinaka

Fakaalofa lahi atu

Malo ni

WELCOME TO SEPTEMBER 2025 AIRWAYS NEWSLETTER

It has certainly been a busy year. This year we have had two new committee members join the College of Respiratory Nurses who you will meet during this newsletter. There is also an update from the SIREF held in May 2025 and a SAVE THE DATE for the Respiratory Symposium 2026!

Our College is small but growing! Encourage your nursing colleagues, student nurses and enrolled nurses to join!

2026 College of Respiratory Nurses Symposium

Save the Date Coming Soon!

The next Symposium will be held in 2026 and we look forward to welcoming attendees in person. If you are interested in joining the committee please contact us via the website - respiratorycollege@gmail.com

SAVE THE DATE

Conferences & Events

Asthma & COPD Fundamentals Course – Asthma & Respiratory Foundation online course.
<https://www.asthmafoundation.org.nz/health-professionals/copd-asthma-fundamentals>

World Bronchiectasis Conference 2025 Brisbane 14 – 17 July World Bronchiectasis Conference – World Bronchiectasis Conference (world-bronchiectasis-conference.org)

Note: Respiratory Education Fund can be accessed by College of Respiratory Nurses members. See this [Link](#) for further details.

TSANZ I ANZSRS NZ Branch Meeting 2025 Napier War Memorial Centre 17 – 19 September TSANZ/ ANZSRS (nzrespiratoryasm.co.nz)

Sleep DownUnder 2025 Adelaide Convention Centre 8 – 11 October Sleep DownUnder 2025

Useful Resources

National Asthma Council Australia How-to Videos: Using your inhaler

Good Fellow Webinars

Lung Foundation Australia Patient Inhaler Resources



LungFlareCare

LungFlare Care was brought to my attention at the TSANZ Conference held in Christchurch in March 2023.

Lung Flare Care was an initiative of the ResPTlab team, led by Associate Professor Christian Osadnik, Alethea Kavanagh and Ruben Hopmans from Monash University, Department of Physiotherapy.

The website is an educational and self-management resource for patients with COPD. They are in the process of rolling this out for those with Asthma and Bronchiectasis.

DON'T GET SUCKED IN

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Stand out from the cloud

New Zealand's first Train the Trainer programme dedicated to youth vaping education, equipping educators, health professionals, and community leaders with the tools to inform and empower rangatahi and young people provided through Asthma and Respiratory Foundation New Zealand.

Register your interest [here](#)

Our New Committee Members

We welcome the two new members of the Respiratory College Committee. They join the remainder of the committee Jacquie Westenra (Chairperson), Mikayla Neil (Secretary/Airways Newsletter), Kathrine Waters (Treasurer).

Raquel Jordan

I am a Respiratory Clinical Nurse Specialist at Te Whatu Ora Hastings, working across inpatient wards and within the respiratory outpatient team. My role includes close collaboration with community services to ensure continuity of care following discharge. Over the past 28 years at Te Whatu Ora Hastings, 20 years on night shift, I have developed deep clinical insight and a strong commitment to respiratory health. For the past two years, I've served as a CNS, supporting individuals and whānau living with COPD, asthma, bronchiectasis, and other complex respiratory conditions. I am passionate about mentoring staff and sharing knowledge to promote safe, skilled, and culturally responsive respiratory care.

Sharon Phillips

I have worked in ED for 13 years. Then went to teaching the Bachelor of Nursing Program for 5 years. I then ran and worked in a Urgent Care / GP clinic for 11 years. I was a facility manager at a local residential facility for a year. I was a Clinical Manager at a GP clinic for 2 years to now combining the acute and chronic respiratory care, in my role as a community respiratory nurse for the last 2 years. I have 3 children 1 is a GP, one works on a farm and 1 is in the army. I have 4 granddaughters that keep me busy with sports and finding adventures.

NZ COPD Guidelines 2025 – release October 2025

The NZ COPD Guidelines are going to be released this coming October at the NZ Asthma & Respiratory Conference, Wellington New Zealand. A common theme that is being seen in the literature at the moment is the close and significant relationship between COPD and cardiovascular disease, highlighting that these two conditions commonly coexist and are associated with worse clinical outcomes, heightened symptom burdens, and increased mortality. Approximately 10% of the world's population is affected by COPD, and studies indicate that 20–70% of patients with COPD have comorbid cardiovascular disease. This association is only partially explained by shared risk factors such as smoking, aging, and socioeconomic deprivation. Unique COPD-related mechanisms—including hypoxemia, lung hyperinflation, oxidative stress, and persistent systemic inflammation—play a substantive role in amplifying cardiovascular risk. A systematic review confirms that people with COPD face more than double the risk of cardiovascular disease compared to the general population, and this increased risk persists even when correcting for common risk factors. The review clarifies that the cardiovascular comorbidities associated with COPD are diverse, with ischemic heart disease being the most frequent. For patients presenting with acute myocardial infarction, the prevalence of COPD ranges from 7 to 28%. Conversely, those with COPD have a 1.4 to 3 times greater risk of myocardial infarction, especially with severe disease. Up to a third of deaths in individuals with COPD can be attributed to ischemic heart disease, making cardiovascular causes a more likely cause of death than respiratory failure in this population. The review also discusses other cardiovascular complications of COPD, including heart failure, pulmonary hypertension, atrial fibrillation, and obstructive sleep apnea (OSA). Underlying these clinical associations are a range of pathophysiological mechanisms, including the pivotal roles of systemic inflammation, accelerated biological aging, impaired early life lung function trajectories, hypoxemia, and hyperinflation. Tobacco smoking remains the main shared risk factor for both diseases, and smoking cessation offers notable reductions in cardiovascular and all-cause mortality among individuals with COPD. Systemic inflammation and oxidative stress stemming from COPD contribute to endothelial dysfunction, a pro-thrombotic state, and acceleration of atherosclerosis. Hypoxemia and hyperinflation exacerbate cardiac strain and vascular dysfunction, heightening overall risk. See article [here](#)

Te Whatu Kura – National Antibiotic Guideline

New Zealand is launching **Te Whata Kura**, a national set of web-based guidelines for **antibiotic prescribing** aimed at reducing antibiotic resistance and improving prescribing consistency across the country. Developed by a multidisciplinary team funded by Te Niwha, this initiative unifies what were previously fragmented regional guidelines into a single, evidence-based resource accessible to clinicians in all settings.

Purpose and Context

- The guidelines address inappropriate antibiotic use: some patients are under-treated, others are over-treated, contributing to resistance and preventable harm
- They are part of a broader effort in **antimicrobial stewardship**, designed to help ensure antibiotics remain effective and available for future generations
- Te Whata Kura's development involved consultation with a wide range of healthcare professionals and aims to improve both clinical outcomes and equity, especially for groups like Māori who may be under-prescribed despite higher infection rates

Features and Access

- Clinicians will be able to quickly access best-practice, up-to-date recommendations on indication, choice, dosing, and management for different infections
- The guidelines are designed as a “living” tool, with real-time updates and built-in feedback mechanisms to continuously improve usability and relevance.
- The **adult** guidelines are expected to open for widespread feedback in early 2025, with paediatric versions still in development.

Research and Impact

- Led by Drs Sharon Gardiner, Sarah Metcalf, Stephen Ritchie, Karen Wright, and Lily Fraser, the project is part of Te Niwha's wider mission to improve pandemic preparedness and infectious disease management by connecting research with front-line healthcare.
- The platform also plans long-term expansion, with modules to support patient information and more comprehensive tracking of prescribing practices, allowing for continuous quality improvement and equity assessment.

Te Whata Kura is expected to become a **cornerstone** of antimicrobial stewardship in New Zealand, ensuring antibiotics are used wisely and equitably for the benefit of all communities

SIREF 2025 was held in Christchurch on 2nd May 2025. A wide variety of topics were covered, I do hope all get the chance to attend this conference. A sentence that stuck out to me was “To cure sometimes, to relieve often and to comfort always”. A particle article on the way we view COPD stuck out as well.

The [article](#) argues that lung health, the development of lung disease, and the quality of life for people with lung disease are heavily influenced by systemic societal factors known as structural violence. This concept refers to the way social structures cause harm by creating unequal power dynamics and life chances, which in turn lead to preventable lung harms, delays in diagnosis, inadequate care, a low societal status of COPD, and a lack of support for affected individuals. The authors propose viewing COPD not simply as a condition people "have" but as something that has been "done to" them through these structural injustices. This framework clarifies the causes of inequality in COPD outcomes and emphasizes the responsibility of healthcare professionals, policymakers, and society at large to address these systemic issues. The taxonomy developed aims to guide advocacy and clinical practice changes to alleviate the burden of COPD and promote social justice by reducing these structural harms. The paper underlines that achieving equity requires action at multiple levels, including addressing cultural norms, resource allocation, and broader societal inequality, illustrating a shift in understanding COPD through a social justice lens.

Treatable Traits

Treatable traits are clinically relevant, measurable, and modifiable characteristics that guide personalised care. They include pulmonary, extrapulmonary, and behavioural/risk factor traits, such as comorbidities (e.g. anxiety, reflux, vocal cord dysfunction), risk factors (e.g. smoking, bone density), and self-management skills (e.g. treatment adherence, inhaler technique). To qualify as a trait, it must be identifiable with validated markers and be treatable. The concept is dynamic, with new traits continually recognised as research progresses.

Treatable Traits is a personalized model of care designed to improve outcomes for people with chronic respiratory diseases. This approach involves identifying specific, clinically relevant, measurable, and treatable characteristics (traits), which can be phenotypic or endotypic. Traits fall into three main domains: pulmonary traits, extrapulmonary traits, and behavioural/risk factors.

Each trait represents a potential therapeutic target, identified through validated markers, enabling tailored treatment plans for individual patients rather than broad disease labels. This method aims to address the heterogeneity and complexity of chronic airway diseases like asthma and COPD by focusing on the patient's unique traits, including comorbidities and lifestyle factors. The model emphasizes patient-centred care, considering patients' values, preferences, and health literacy.

The treatable traits approach continues to evolve with ongoing research, and it is considered a promising model for personalizing respiratory disease management to improve health outcomes and quality of life. It also supports multidisciplinary care and integration into various healthcare settings.

An amazing resource for further information can be found [here](#)

Respiratory Systems Word Search

Can you find all 35 words?

You can find us on FACEBOOK!

Search for us **NZNO College of Respiratory Nurses**

Better connect with Respiratory nurses across the motu, share resources and keep up to date.

Feedback

We would love to hear your feedback on topics you would like to see in *pūkorokoro*- Airways.

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