

衛生福利部屏東醫院
蒸氣吸入、姿位引流、背部扣擊



Ministry of Health and Welfare Pingtung Hospital
Nebulization, Positional drainage and Chest percussion
therapy

一、蒸氣吸入法：Nebulization：

1、依醫囑加入支氣管擴張劑或化痰劑在蒸氣吸機裡小藥杯中，打開開關吸蒸氣。

Place the prescribed medications (bronchodilator or mucolytic) into the medicine cup of the nebulizer.

2、若無醫囑則用 (1) 0.45% 生理食鹽水 5 CC 或 (2) 蒸餾水 2.5 CC 加上 0.9% 生理食鹽水 2.5 CC 置入藥杯中吸蒸氣。

If no medications are prescribed, use (1) 0.45% saline solution or (2) 2.5cc distilled water and 2.5cc normal saline solution, placing this into the medicine cup of the nebulizer.

二、每天在做完蒸氣吸入後或翻身時，讓病人側躺，床頭搖平、床尾搖高。

Positional drainage. After nebulization therapy, place the patient in a lateral position and adjust the bed to position the feet above the level of the head.

三、雙手呈杯狀，扣擊側背部，每次約 5-10 分鐘，之後維持側臥約 30-60 分鐘，使痰液流出。每次扣擊姿位引流應於飯前或飯後 1 小時。

Chest percussion therapy. Chest percussion is done 1 hour before or after meals. Tap the patient' s back for about 5 - 10 minutes per session with the patient lying on his side to allow positional drainage of respiratory secretions.

四、蒸氣吸入、姿位引流及背部扣擊一天約做 4-5 次，病人若感不舒適則應立即暫停，觀察痰液有無變多變黃情形，需多量體溫或通知（居家）護理師。

Nebulization, positional drainage and chest percussion therapy is done 4 - 5 times a day. This should be stopped immediately if patient feels uncomfortable. Observe for changes of the sputum color to yellow, measure body temperature more frequently and notify the home nurse if needed.

(參考資料來源：96 年 9 月台北市外籍勞工看護手冊)

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廣告

衛生福利部屏東醫院—「屏醫衛編碼 NO. 英 23：蒸氣吸入、姿位引流、背部扣擊(中英版)」護理指導

護理人員已說明上述指導內容，並已瞭解。

護理指導人員：

說明日期：

年

月

日

病人或家屬：

關係：