



POSTURAL DRAINAGE & PERCUSSION

I. GENERAL INFORMATION

- A. Purpose: To assist in loosening and draining airway secretions.
- B. Students needing Postural Drainage & Percussion (PD&P) may have pulmonary dysfunction such as cystic fibrosis, chronic bronchitis, asthma, and other pulmonary disorders or students with excessive secretions who have difficulty raising sputum.
- C. PD&P may be performed two to four times daily depending upon student tolerance and physician's orders.
- D. Additional PD&P may be indicated when the student is congested or having respiratory distress.
- E. Percussion may break bones when students have abnormal bone conditions or are receiving medication such as steroids.
- F. Suctioning may accompany PD&P when ordered by the physician.
- G. Parent/careprovider to supply necessary equipment for performing procedure at school.

II. PERSONNEL

- A. School Nurse
- B. Designated school personnel under direct or indirect supervision by the school nurse.



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Student's Name: _____ DOB: _____

Equipment And Supplies *(Responsibility of parent/care-provider.)	1. *Percussion device (optional). 2. *Gloves. 3. Pillows. 4. Tissues.	5. *Suction machine and accompanying supplies when ordered. 6. Wastebasket (with plastic liner). 7. Disposable plastic-lined towels or similar protection.
PROCEDURE		
ESSENTIAL STEPS		KEY POINTS & PRECAUTIONS
<ol style="list-style-type: none">1. Assembly equipment in appropriate location for administration of procedure and glove hands.2. Use trendelenburg position (body slanted with head down and feet up) with student on stomach. Use protection under student's mouth for drainage (e.g., a disposable plastic-lined towel). Percuss the back until secretions are produced or maximum of 3 minutes. Use tissues to collect sputum after each percussion. Discard used tissues into lined wastebasket.3. If further percussion is needed to produce sputum, roll student on his/her side at a 45-degree angle with upper arm extended and percuss 3 minutes maximum.4. After percussing and coughing, assist student with the following breathing techniques, if possible, to accomplish maximum aeration of the lungs:<ol style="list-style-type: none">a. Encourage diaphragmatic breathing. Repeat about 15 times.		<p>Use cupped hands with moderate pressure to create hollow sound during percussion. Percuss over ribs. Avoid percussion over kidneys, spinal column and sternum. Initial coughing attempts may not produce sputum. As further positioning and percussion is provided, coughing will become more productive. Take care not to contaminate student or self after collecting sputum.</p> <p>Do not roll patient supine.</p> <p>Check for correct breathing by holding hand at upper abdomen, feeling it rise and fall. Encourage diaphragmatic breathing with slow expiration (i.e., pursed lips) throughout the exercise.</p>

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<ul style="list-style-type: none"> b. Have student raise arms over head while breathing in and lower arms while breathing out. Repeat about 15 times c. Have student extend arms outward while breathing in and across chest while breathing out. Repeat about 15 times d. If possible, assist student in progressive relaxation, using several techniques: <ul style="list-style-type: none"> 1. Imagery (think of pleasant thoughts such as the beach, fresh air, etc). 2. Autogenic phrasing (feel hands getting warm and heavy, to promote relaxation, etc). 3. Progressive muscular relaxation (contract right arm, relax right arm, repeat for left are, etc). 5. At the end of each day, close liner from wastebasket and secure tightly before disposal. 6. Record procedure on SPHCS log. 	