To assist with clearance of secretions in specific pulmonary conditions. The decision to use chest physiotherapy is individualised, commenced and performed by a physiotherapist on referral from a Consultant or SR.

**Indications**
Lung collapse on CXR or Aspiration on CXR.

**Contraindications**
- Unstable infant, low blood pressure, apnoeas, bradycardias or severe desaturation on handling.
- Recent IVH.
- Hypothermia.
- Recent pneumothorax and risk or reoccurrence.
- PIE.
- Pulmonary haemorrhage.
- Thrombocytopenia.
- Evidence of osteopenia on X-ray.

**Key Points**
The physiotherapist will liaise with the nurse caring for the infant to organise the appropriate time for treatment.
A nurse must be in attendance at all times during physiotherapy to attend to the infant’s needs and make ventilator changes.

**Procedure (To be Performed by Physiotherapist)**
- If infant is on continuous feeds, turn feed off 10 minutes prior to treatment.
- Observe HR and oxygen saturation.
- Observe ventilator settings and modality: if on SIPPV/PSV reduce the sensitivity of trigger from 1.0 to 1.6 to avoid triggering due to artefacts like manual vibration.
- Auscultate and perform suction as necessary.

**Respiratory Physiotherapy May Include**
- Vibration.
- Percussion.
- Gravity assisted drainage position.

If the physiotherapist leaves instructions for gravity assisted drainage, position infant according to instructions and diagrams.
Ensure positioning is documented.
## References

3. De Moraes dos Santos ML, De Suoza LA, Bastiton AP, Palhares DB. Results of airway clearance techniques in respiratory mechanics of preterm neonates under mechanical ventilation. Rev.bras.ter.intensiva. 2009; 21(2)

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