

Respiratory Care Services Standard Intents

RS.1 The hospital provides respiratory care services.

- RS.1.1 Respiratory care services are provided twenty-four hours a day, seven days a week.
- RS.1.2 A qualified respiratory therapist with a minimum of bachelors of science in respiratory care directs the work of the respiratory care therapists and provides the general administration of the respiratory care services department/unit.
- RS.1.3 A qualified physician (e.g., pulmonologist, anesthesiologist, or intensivist) provides the medical supervision on the clinical activities of the respiratory care services department/unit.
- RS.1.4 Personnel providing respiratory services are trained professionals in respiratory care.
- RS.1.5 Clinical staff providing respiratory care services are certified in advanced life support as appropriate to the age of the patients served and are present on site or at least one certified individual is assigned on every shift.

Standard Intent:

The respiratory service is mandatory in each hospital. Hospitals must make sure that they provide 24 hour respiratory services that is directed by a qualified respiratory therapist and that all personnel providing respiratory services are trained professional in respiratory care. All clinical staff providing respiratory care service must be certified in advance life support as appropriate to the age of the patient served and are present on site or at least one of them is assigned on every shift.

RS.2 Policies and procedures guide respiratory care services.

- RS.2.1 There are policies and procedures to guide respiratory care services including, but are not limited to, the following:
 - RS.2.1.1 Use of equipment.
 - RS.2.1.2 Pulmonary function testing.
 - RS.2.1.3 Coughing and breathing exercise.
 - RS.2.1.4 Obtaining arterial blood gasses.
 - RS.2.1.5 Mechanical ventilator support.
 - RS.2.1.6 Dealing with open cases of Tuberculosis.

- RS.2.2 Policies and procedures are implemented.

Standard Intent:

The respiratory care service should have an implemented policy and procedure including but not limited to the use of equipment, pulmonary function testing, coughing and breathing exercise, obtaining blood gasses, mechanical ventilator support and dealing with



open cases of tuberculosis. Policies should be implemented as evidenced from clinical practice and medical records documentation reviews.

RS.3 All equipment and machines in the respiratory care services are operated within manufacturers' specifications and maintained free of defects.

RS.3.1 All equipment and machines are operated within manufacturers' specifications.

RS.3.2 The periodical preventive maintenance is developed and implemented in accordance with manufacturers' instructions.

RS.3.3 All maintenance and repair records are maintained for future reference and inspection.

Standard Intent:

Hospital must make sure that all equipment and machines used in the respiratory care service are operated within manufacturers' specifications and that periodical preventive maintenance is developed and implemented in accordance with manufacturers' instructions. All maintenance and repair records are maintained for future reference and inspection.

RS.4 Each patient's respiratory care is planned and documented in the medical record.

RS.4.1 The plan of care is developed through an evidence-based and collaborative approach among the team members involved.

RS.4.2 Comprehensive assessment and reassessment are performed for each patient.

RS.4.3 The plan of care and the response to treatment are documented in the patient's medical record.

Standard Intent:

Hospitals must make sure that the plan of respiratory care is developed through an evidence-based and collaborative approach among the team members involved after a comprehensive assessment is performed for each patient. Assessment and reassessment of patient, the plan of care and the response to treatment must be documented in the patient's medical record.