Providence HEALTH CARE	Department: **Respiratory Services**	Date Originated: September 1986 Date Reviewed/Revised: **June 2013**
STANDARD OPERATING PROCEDURE	Topic: Medical/Surgical – Area Protocol & Respiratory Therapist Role & Responsibilities for General Wards (Respiratory Therapy) Number: B-00-16-12032	Related Links:

APPLICABLE SITES:

St. Paul's Hospital
Mount Saint Joseph Hospital

POLICY STATEMENT:

Respiratory Therapy services will be provided to the general inpatient units of Mount Saint Joseph and St. Paul's Hospitals on a 24 hour basis. This also includes diagnostic imaging and clinic areas during their hours of operation, as well as the Extended Care Unit (ECU) at MSJH.

The Respiratory Therapist will be responsible for assisting with the diagnosis, treatment, and care of patients with respiratory or cardiorespiratory related compromise.

The Therapist will provide all modalities of respiratory therapy to patients on the general wards while adhering to existing protocols and guidelines for patient assessment and care. The Therapist will ensure all relevant physician orders are followed, and accurately chart and document all therapeutic interventions.

PHYSICIAN ORDERS AND PLAN OF THERAPY:

Physician orders must be obtained for specific diagnostic and therapeutic interventions. The Respiratory Therapist must ensure that all verbal or telephone orders are transcribed on to the Prescriber's Order Sheet.

The Respiratory Therapist will follow the established protocols or clinical pathways for providing respiratory therapy services.

Requests for therapy or diagnostic testing will be directed to the Respiratory Therapist via SCM and/or the paging system.

The Respiratory Therapist will confirm that the order for therapy exists. They will assess the patient for appropriateness of therapy, and will also suggest alternative or more appropriate forms of therapy where applicable.

PATIENT ASSESSMENT:

All therapeutic modalities provided by Respiratory Therapy must be assessed by the Respiratory Therapist to determine the goals of therapy, adequacy of therapy to meet prescribed goals, and patient response to therapy.

A ***full*** patient assessment on the Wards will be done a minimum of once per shift for those patients receiving high levels of respiratory care, as well as those exhibiting respiratory or cardiorespiratory distress.

A full patient assessment includes the following:

a. Reason for assessing the patient:

- Brief immediate history
- Factors contributing to patient's present condition

b. Patient position and relevant physical observations:

- Supine, semi-fowlers, sitting
- Bed position (i.e. HOB 45°)
- Tripod posture
- Level of consciousness
- Chest tubes

c. Respiratory rate and pattern:

- Accessory muscle usage
- Work of breathing
- Tracheal tug, nasal flaring
- Ability to speak full sentences
- Sputum production
- Cough assessment
- Chest expansion
- Presence of tracheal shift

d. Current oxygen therapy:

- Delivery device
- Oxygen flow rate or FiO_2
- Oxygen saturation
- Other supportive therapies (i.e. BiPAP)

e. Other vital signs as relevant:

- Heart rate
- Body temperature
- Cyanosis
- Blood pressure

f. Auscultative findings:

- Breath sounds, including adventitious sounds
- Unilateral vs. bilateral

g. Interventions and Diagnostics:

- Indicate immediate intervention performed specific to their present condition
- Indicate any diagnostic tests performed specific to their present condition
- Ensure order obtained and is documented for interventions or diagnostics

h. Response to interventions:

- Indicate specific response to intervention
- Review and interpret relevant diagnostic tests performed
- If no response indicate alternate therapy

i. Plan:

- Plan and changes to the plan should reflect patient assessment
- Include the mode, duration and frequency of therapy
- Indicate goals of therapy
- Review diagnostic tests when results available
- Plan a reassessment time and/or date for follow-up

The frequency of respiratory assessments and follow-up for a patient should be determined based upon their condition and the therapy being provided.

Minimum assessment frequency is once per shift for wards patients which are receiving Respiratory Therapy services. The expectation is that the Therapist will exercise good clinical judgment when determining which patients require more frequent assessments.

PROVISION OF THERAPY AND CLINICAL RESPONSIBILITIES:

Respiratory Therapists will provide the following therapeutic and technical services to the medical/surgical ward and general clinical areas of the hospital as required:

1. Artificial Airway Management:

a. Insertion and maintenance of oral/nasal pharyngeal airways (shared with nursing)
b. Management of tracheostomy tubes and tracheal stomas (shared with nursing)

c. Weaning of tracheostomy tubes
d. Initiation and management of Passy-Muir valves (in collaboration with speech-language pathology)
e. Assist with internal or external transports of patients with artificial airways – refer to Policy in B-00-07-10034 for specific guidelines regarding transport of patients with artificial airways in situ
f. Assist with swallowing assessments
g. Perform bronchial hygiene
   - Suctioning (shared with nursing)
   - Instillation

2. Initiation and Maintenance of Oxygen Therapy:

a. Oxygen therapy as per B-00-07-10034
b. High flow oxygen therapy (all starts)
   - Ongoing assessment of patients requiring high-flow oxygen
   - Assist with internal or external transports of high-flow FiO_2 greater than or equal to 0.50
c. Optiflow heated humidity high flow oxygen therapy (refer to B-00-12-12066)
d. Assess for appropriateness of delivery device and settings
e. Assess and actively wean delivered oxygen as tolerated

3. Provision of CPAP Therapy:

a. Initiation, titration, maintenance of CPAP (as per Respirology)
b. Sleep screening for CPAP (as per Respirology)
c. Facilitate discharge of patients requiring CPAP at home

4. Provision of Non-Invasive ventilation (BiPAP):

a. Initiation, titration, maintenance of non-invasive ventilation for non-acute situations
b. Sleep screening for non-invasive ventilation
c. Facilitate discharge of patients requiring non-invasive ventilation at home

5. Long-Term/Permanent Invasive Ventilation:

a. Maintenance and titration of long-term or permanent ventilation
b. Facilitate discharge of patients requiring home ventilation

6. Diagnostic Procedures:

a. Arterial blood gas puncture (shared with Clinical Clerks and Residents)
b. Bedside Spirometry
   - Pre-operative pulmonary function testing will be performed by the Pulmonary Diagnostics Laboratory for ambulatory patients, when requested via the Pulmonary Diagnostics Requisition
c. Peak flow rate measurements (shared with nursing)
d. MIP or VC measurements

e. Home oxygen assessments
f. Overnight oximetry studies
g. Exercise oximetry – performed for assessment of home oxygen requirements only
h. Sleep screening via simple modified polysomnography – **St. Paul's Hospital only**
i. Sputum collection and induction

7. Other:

a. Crisis intervention manifesting in respiratory or cardiorespiratory distress
b. Patient assessment as requested
c. Patient and family education and teaching
d. Multidisciplinary education and inservices
e. Discharge planning
f. Nasopharyngeal washes

NOTE: The Wards Therapist at SPH is not responsible for Code Blue response.

DISCONTINUATION OF THERAPY:

Respiratory Therapy may be discontinued under any of the following conditions:

1. Therapy objectives have been met
2. Change in plan of therapy
3. Patient care has been transferred to another service
4. Contraindications to prescribed therapy
5. Order to discontinue therapy

Discontinued therapy must be charted with the rationale for the discontinuance in the Multidisciplinary Progress Notes of the patient record.

DOCUMENTATION:

The Respiratory Therapist will ensure all relevant information is documented for both communication and legal purposes.

Documentation of Respiratory Therapy interventions and subsequent patient response will be done in narrative format on the Multidisciplinary Progress Notes of the patient record.

All medications administered by the Respiratory Therapist will be documented and appropriately signed off in the Medication Administration Record of the patient record.

The Wards Kardex will be used for therapist-to-therapist communication for all patients receiving more than a one-time therapeutic intervention, and with patients deemed by the Respiratory Therapist to require additional follow up.

A patient history form shall be kept in the Kardex and will be clearly labeled with the patient name and the date therapy was initiated. Discontinued and completed forms shall be placed at the back of the Kardex binder.

Information to be documented in the Kardex includes:

- Patient identification
- Patient demographics (i.e. age, sex, etc)
- Therapy they are receiving
- Goals of therapy
- Patient's response to therapy
- Overall plan
- Any other pertinent information

A brief summary of the patient's progress, therapeutic interventions, and any changes in patient goals or outcomes should be documented on the form in chronological order.

COMMUNICATION:

The therapist assigned to cover the wards will carry the designated pager, and hand it over to the oncoming therapist for the next shift. The therapist going off duty will report to the on-coming therapist the following:

- Any significant events of the shift
- Any diagnostic tests and/or any pre-operative therapies that have yet to be completed
- Patients of significant clinical interest
- Patient pending discharge who have been, or need to be assessed for supportive home therapy
- Full patient history report for patients currently receiving respiratory therapy/care

EQUIPMENT AND SAFETY CHECKS:

The Respiratory Therapist will perform daily checks of the operational capabilities of the required respiratory equipment and for the presence of adequate supplies as per the Wards Respiratory Checklist, and initial the checklist log as having been completed.

The Therapist will ensure the following equipment is readily available, set up and ready for use:

- Non-invasive ventilator (BiPAP)
- CPAP
- Home oxygen discharge set with cylinder
- Nasopharyngeal wash kit
- Oximeter(s) for nocturnal oximetry