

Respiratory Care Plan Guidelines

The following respiratory therapy and treatment modalities will be evaluated to assess the frequency needed and sequentially every 24 hours for titration and discontinuation per the RCP guidelines. The patient is assessed by the respiratory therapist, scored and classified for the frequency of therapy as listed below.

Class 1 and 2 = TID

Class 3 = QID

Class 4 = q6h

Class 5 = q4h & PRN

Other: q4h as needed then reassess per RCP (to provide frequent therapy other than the classification) Example: COPD and Asthma Exacerbation

Indications are listed with each modality as per guidelines.

1. OXYGEN THERAPY - Assess the patient level of oxygenation.

Indications for Oxygen Therapy include:

- a. Documented hypoxemia
- b. Severe trauma
- c. Acute Myocardial Infarction
- d. Short-term therapy (e.g. post-op recovery)

Goal: Increase the SpO₂ and/or the PaO₂

Diseased lung – Deliver oxygen to maintain SpO₂ greater than or equal to 90%

Auto wean oxygen to maintain SpO₂ greater than or equal to 90% or per home regimen

Normal lung – Deliver oxygen to maintain SpO₂ greater than or equal to 93%

Auto wean oxygen to maintain SpO₂ greater than or equal to 93%

Oxygen will be assessed for discontinuation if the following criteria are met:

- A. Meets or exceeds ordered SpO₂ or is able to maintain acceptable SaO₂ level on room air for 24 hours
- B. Vital signs are stable
- C. No clinical signs of hypoxia (e.g. tachycardia, tachypnea, dyspnea, cyanosis, diaphoresis, confusion, or chest pain)

2. PULSE OXIMETRY – Indications should include:

- a. Patients with cardiac diagnosis
- b. Facilitate oxygen weaning
- c. Patient undergoing treatment/procedure at risk of hypoxemia

Goal: Continuous monitoring of the SpO₂

3. AEROSOL THERAPY – Indications will include:

- a. Treatment of bronchospasms/wheezing
- b. Improvement of mucocilliary clearance

Goal: Treatment of bronchospasm/wheezes and to improve mucocilliary clearance.

Medications for therapy:

Albuterol (Ventolin) 2.5mg/0.5ml inhalation

Ipratropium (Atrovent) 0.5mg/2.5ml inhalation

Sodium Chloride 0.9% inhalation 2.5ml

As ordered by Physician

May be able to convert aerosol to MDI when:

Patient alert & cooperative

Patient can perform a 3 second hold
Respiratory rate less than 25

4. **BRONCHIAL HYGIENE THERAPY** – Indications will include:
1. Potential for presence of atelectasis
 2. Need for hydration of retained secretions
 3. Need for improvement of cough effectiveness
 4. Atelectasis caused by mucus plugging
 5. Documented on CXR or by bronchoscope
 6. Mucus greater than 30ml/day
 7. Presence of conditions associated with disorder of pulmonary clearance:
 - i. Cystic Fibrosis
 - ii. Bronchiectasis

Goal: To open and maintain obstructive airways, restore and maintain the mucus blanket to help improve mucocilliary clearance, hydrate dried/retained secretions and promote expectoration by improving cough effectiveness.

CPT and Postural Drainage Therapy:

Acapella
NT Suction

5. **VOLUME EXPANSION** – Indications will include:
1. Treatment of pulmonary atelectasis
 2. Presence of a restrictive pulmonary disorder
 3. Conditions predisposing to the development of pulmonary atelectasis:
 - i. Upper abdominal surgery
 - ii. Thoracic surgery
 - iii. Surgery on patients with COPD

Goal: To prevent or correct pulmonary atelectasis with patients achieving a Vital Capacity greater than 30%

Incentive Spirometry

Surgical Intensive Care Post Op q4h x 24 hours then QID

Others:

VC greater than 60%, and ambulating, patient can self-administer

VC equal to 40-60% frequency and titration per RCP

VC less than 30% of predicted other volume expanders indicated:

IPPB
EZPAP