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/wheeze 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
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 mucociliary 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