Respiratory Care Plan Protocol

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 = q6
- Class 5 = q4 & PRN
- Other: q4 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:
   - Documented hypoxemia
   - Severe trauma
   - Acute Myocardial Infarction
   - Short-term therapy (e.g. post-op recovery)

   Goal: Increase the SpO2 and/or the PaO2

   Diseased lung – deliver oxygen to maintain SpO2 > 90%
   - Auto wean oxygen to maintain SpO2 > 90% or per home regimen

   Normal lung – deliver oxygen to maintain SpO2 > 93%
   - Auto wean oxygen to maintain SpO2 > 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:
   - Patients with cardiac diagnosis
   - Facilitate oxygen weaning
   - Patient undergoing treatment/procedure at risk of hypoxemia

   Goal: Continuous monitoring of the SpO2

3. **AEROSOL THERAPY** – Indications will include:
   - Treatment of bronchospasms/wheezing
   - 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 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 > 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 > 30%

**Incentive Spirometry**
   Surgical Intensive Care Post Op q4 x 24 hours then QID
   Others:
   VC > 60%, and ambulating, patient can self-administer
   VC = 40-60% frequency and titration per RCP
   VC < 30% of predicted other volume expanders indicated:
   IPPB
   EZPAP