RSPT 2258
Respiratory Care Protocols

Terms

- resource utilization?
- critical pathways?
- protocols?
- capitation?
- managed care?
- case management?
- clinical practice guidelines?
Clinical Practice Guidelines (CPGs)

- developed by AARC
- covers all modalities of RC
- addresses ____________________________
- includes
  - description/definition
  - indications
  - contraindications
  - hazards/complications
  - monitoring
- helped to establish protocols

RC Protocols

- = therapist-driven protocols (TDPs)
- = patient care plans initiated & implemented by _________________
- has led to improved patient care – why?

- each protocol has
  - a title
  - an objective
  - a description of the type of patient the protocol covers
  - indication
  - contraindications
  - projected outcome
- developed with physician input, approved by medical staff & administration
RC Protocols

- can be in many forms:
  - worksheet
  - narrative
  - algorithm

RC Protocols

- purpose is to standardize decision making
- can be
  - specific to ____________________
  - specific to ____________________
  - specific to ____________________
  - specific to ____________________

____________________ must write order

therapist then has authority to

- evaluate
- initiate care
- adjust
- discontinue
- restart

Guidelines For Preparing A Respiratory Care Protocol
RC Protocols

- to be successful, each therapist must
  - have strong _________________
  - possess excellent _________________
  - be able to _________________
  - communicate with _________________
  - be able to correctly _________________

Critical Pathways

- define optimal sequence or timing of interventions done by all disciplines involved in care of patient for a specific diagnosis, procedure or symptom
- outlines all test, procedures, treatments
- can be called by other names
  - clinical _________________
  - clinical _________________
  - care _________________
  - care _________________
  - practice _________________
Sample of a Critical Pathway

Critical Pathways

- of all interventions studied, CPs have had the greatest effect on clinical outcomes, LOS, resource consumption

- clinical care or “case management” then becomes ____________

- case management = a collaborative process that assess, plans, implements, coordinates, monitors, & evaluates the options & services required to meet an person’s health care needs
Critical Pathways

- CPGs, protocols, pathways & case management may overlap

- example:
  - the RC protocol may have been developed using a specific CPG, then
    the protocol may be incorporated into a CP which is used in the
    management of the case

Designing A Protocol

- essential elements
  - involved ____________________ and ____________________
  - educated and motivated ____________________
  - favorable ____________________ at the institution
Steps Toward Success

- establish indications for the therapy
  - AARCs CPGs
  - literature review
  - institutional preferences of
    - medical director
    - manager & staff
    - other physicians

- generate algorithm, flowchart, protocol sheet

- after patient assessment & chart review, use a _________________ to rank severity of patient illness

Steps Toward Success

- physician writes RC Protocol order
- therapist does all evaluations & reevaluations
- placed in medical record
- all subsequent documentation on same form

_______________ are SUPER important
  - evaluate chart info
  - lab reports
  - radiology reports
  - patient assessment
### Ann Fan

**Patient:** 62 yof admitted through the ED with an exacerbation of emphysema. Patient is oriented but somewhat lethargic.

**Physical Findings:**
- HR 88, regular, BP 110/70, temp. 100.5°F, RR 24 & shallow, BS very decreased t/o esp. in bases. Chest expansion is decreased. Patient has occasional weak, loose nonproductive cough, is in semi-Fowler’s position. Chest x-ray shows opacities in both lower lobes. Skin warm & dry w/o cyanosis. SpO₂ 92% on 1 L/min by NC.

**Lab Data:**
- pH 7.48, PaCO₂ 34, HCO₃⁻ 23, PaO₂ 55, BE -2, SaO₂ 91%, FiO₂ 1 L/min NC, Hgb 13.8, WBC 9,800

**Other:**
- Height 5’ 6”, weight 165 lbs, 35 pk/yr smoking history (1 pk x 35 yrs), quit smoking 5 years ago, occasional alcohol use, home meds: Spiriva qd, Advair 250/50 bid, Combivent MDI prn

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### Paul McPherson

**Patient:** 56 yom admitted for abdominal pain, had a bowel resection 2 days ago. He is in a regular room on the surgical unit. Patient is alert, oriented, has a peripheral IV running and requires assistance to ambulate to the bathroom.

**Physical Findings:**
- HR 115, regular, BP 162/94, temp. 99.5°F, RR 26 & shallow, BS very decreased esp. in bases; occasional strong, productive cough of small amounts of thin white sputum. Skin warm & dry w/o cyanosis. Patient is morbidly obese. Chest radiograph shows areas of increased density in both lung bases. SpO₂ 86% on room air.

**Lab Data:**
- pH 7.36, PaCO₂ 44, HCO₃⁻ 25, PaO₂ 51, BE -4, SaO₂ 88, FiO₂ 0.21, Hgb 11.4, WBC 7,600

**Other:**
- Patient is 5’ 10” tall and weighs 345 lbs. He has a 10 pk/yr smoking history (1/2 pk x 20 yrs.), quit smoking 10 years ago, home meds: albuterol MDI pm
Mitzi Winston

<table>
<thead>
<tr>
<th>Patient:</th>
<th>28 yof admitted last night for left-sided weakness and what appears to be ascending paralysis. Patient is alert and oriented and in a regular room. She requires assistance to ambulate to the bathroom.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Findings:</td>
<td>HR 96, regular, BP 134/82, temp. 97.5°F, RR 24 &amp; shallow, BS very decreased t/o; chest expansion is equal but decreased bilaterally. She has a moderately strong cough. Skin warm &amp; dry w/o cyanosis. SpO₂ 94% on room air.</td>
</tr>
<tr>
<td>Lab Data:</td>
<td>pH 7.46, PaCO₂ 39, HCO₃⁻ 26, PaO₂ 76, BE +2, SaO₂ 96, FiO₂ 0.21, Hgb 14.6, WBC 9,400</td>
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<tr>
<td>Other:</td>
<td>Patient is 5’ 4” tall and weighs 125 lbs., has no smoking history, home meds: none</td>
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