

RSPT 2258

Respiratory Care Protocols

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Terms

- resource utilization?
- critical pathways?
- protocols?
- capitation?
- managed care?
- case management?
- clinical practice guidelines?



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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



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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



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RC Protocols

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

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RC Protocols

- purpose is to standardize decision making
- can be
 - 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

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RC Protocols

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

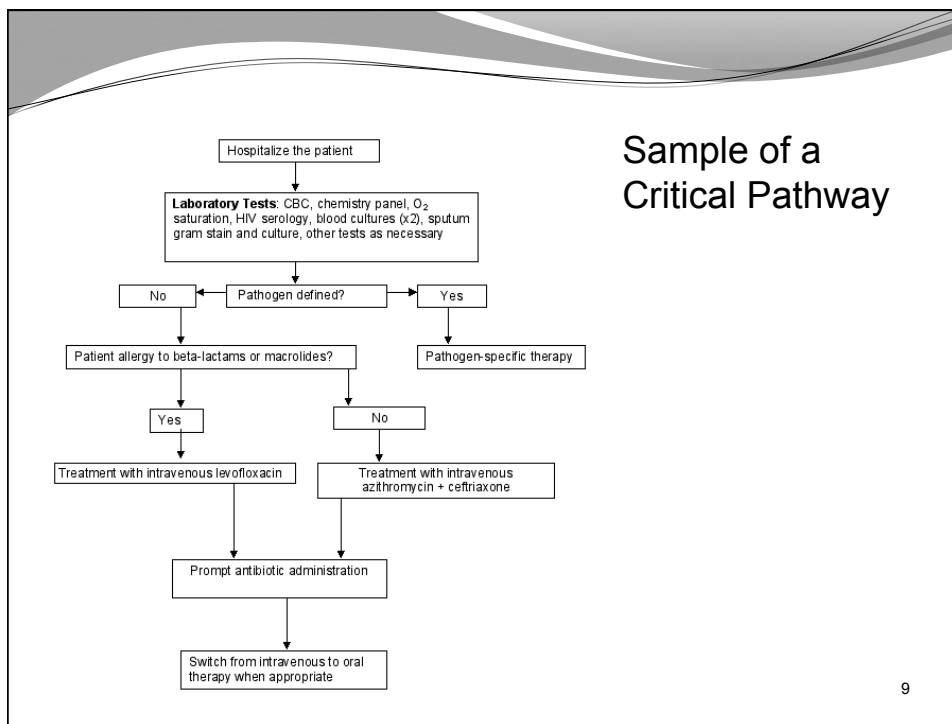


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Critical Pathways

- 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 _____

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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

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Designing A Protocol

- essential elements
 - involved _____ and _____
 - educated and motivated _____
 - favorable _____ at the institution

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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

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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

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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. SpO ₂ 92% on 1 L/min by NC.
Lab Data:	pH 7.48, PaCO ₂ 34, HCO ₃ ⁻ 23, PaO ₂ 55, BE -2, SaO ₂ 91%, FiO ₂ 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. SpO ₂ 86% on room air.
Lab Data:	pH 7.36, PaCO ₂ 44, HCO ₃ ⁻ 25, PaO ₂ 51, BE -4, SaO ₂ 88, FiO ₂ 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 prn

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Mitzi Winston

Patient:	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.
Physical Findings:	HR 96, regular, BP 134/82, temp. 97.5°F, RR 24 & shallow, BS very decreased t/o; chest expansion is equal but decreased bilaterally. She has a moderately strong cough. Skin warm & dry w/o cyanosis. SpO ₂ 94% on room air.
Lab Data:	pH 7.46, PaCO ₂ 39, HCO ₃ ⁻ 26, PaO ₂ 76, BE +2, SaO ₂ 96, FiO ₂ 0.21, Hgb 14.6, WBC 9,400
Other:	Patient is 5' 4" tall and weighs 125 lbs., has no smoking history, home meds: none