

PROTOCOL FOR: Respiratory Compromise Management in Radiology Special
 Procedures Area

- DESIRED PATIENT OUTCOME:
1. The patient has no injury related to positioning as it relates to airway patency.
 2. The patient has pulmonary function consistent with or improved from levels established preoperatively and intraoperatively.
 3. The patient has wound or tissue perfusion consistent with or improved from baseline levels established pre-procedure and peri-procedure.
 4. The patient's fluid, electrolyte, and acid-base balance consistent with or improved from baseline levels.
 5. The patient receives appropriate prescribed medications, administered safely.
 6. The patient demonstrates and/or reports adequate pain relief throughout the perioperative period.

CLINICAL
ASSESSMENT
AND CARE:

1. Assess for respiratory adequacy, as evidenced by:
 - color
 - respiratory rate
 - utilize oximetry
 - lab & test values
 - monitoring data
 - airway patency
 - breathing quality and rhythm
 - auscultate breath sounds
 - observe for use of accessory muscles
2. Stimulate breathing and apply oxygen as needed.
3. Position patient for airway protection and/or maximum respiratory excursion.
4. Hyperextend neck and/or administer jaw thrust *prn*.
5. Place oral or nasal pharyngeal airway *prn*.
6. Suction oropharynx and trachea as necessary.
7. Protect airway in event of vomiting.
8. Assist ventilatory effort with ambu/mechanical ventilator *prn*.
9. Attempt to relieve or minimize patient's pain.
10. Attempt to relieve or minimize the patient's anxiety.
11. Administer pharmaceuticals as ordered.

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12. Report any of the following:

- respiratory distress
- persistent hypoxemia
- signs of laryngospasm or bronchospasm
- persistent ventilator alarms

13. Administer reversal agents per physician orders, prn.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/03, 03/08