

**Respiratory Care Services
John Dempsey Hospital
Policy and Procedure Manual**

Subject: **Charting of Respiratory Therapy**

Rationale: Accurate documentation of respiratory therapy in the patient's chart is essential for other care provider's in assessing patient status, and to the patient's physician in evaluating and recording therapy. It is also necessary for administrative and quality improvement reasons within the Respiratory Care department.

Equipment: Respiratory Care Treatment Record
Ventilator Flow Sheet
Treatment Board

Procedure

Respiratory Care Treatment Record

The HUC notifies the department when an order is written. The therapist responding to that request should do a thorough evaluation of the patient and document it in the Progress Notes section of the patient's chart. A summary of that assessment should be written in the "Patient Assessment" section of the Respiratory Care Treatment Record. All follow up therapy is documented on the Treatment Record which is kept at the patient's bedside until completed. When the record is completed, it should be put in the appropriate place to be filed in the Progress Notes section of the patient's chart. A new record should be put at the patient's bedside, and the "Patient Assessment" section should be completed.

Ventilator Flow Sheet

All ventilators will be monitored every two hours by the respiratory care staff for proper function and patient response.

The therapist will fill in all requested information on the flow sheet and sign the flow sheet for each ventilator check and/or change in ventilator settings.

The Treatment Board

All patients on treatments are listed on the treatment board in the Respiratory Care Services conference room. The information listed on the color coded treatment slips should include:

- patient name
- patient room number
- type of therapy
- frequency of therapy
- medication ordered
- date and time therapy started
- pertinent comments (re-evaluation dates, infection control information, etc.)

Before proceeding to the patient floors, each therapist should print a report listing all the patients assigned to them by floor. Patient information should be compared to that on the treatment board and be confirmed by review of the physician's order.

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