

Respiratory Care Services John Dempsey Hospital Policy and Procedure Manual

Subject: Role of the ICU Assignment Therapist

The role of the ICU Assignment Therapist is to function and assist in the management of ICU patients requiring respiratory support and respiratory services. The ICU therapist is expected to actively participate as a member of the ICU team and attend ICU medical rounds. The therapist should communicate and offer input to nurses, APRNs, and to the attending physicians regarding a patient's respiratory management, nursing concerns, or equipment.

The ICU therapist duties and responsibilities will consist of the administration of all types of mechanical ventilation including BiPap, CPAP, and IPPB. The ICU therapist will administer various types of aerosolized medication therapies, perform sputum induction/collection,, and deliver respiratory services to patients, including all types of chest physical therapy/postural drainage (manual and mechanical percussion); arterial blood gas punctures as requested; management of artificial airways; placement of nasal pharyngeal airways; suctioning of airways; mechanical ventilation management; assembly, setup and monitoring of BiPap Vision, BiPap, CPAP equipment; participation in resuscitative efforts, intubations (Code Blue), and extubations. The ICU therapist should incorporate weaning parameters and assessments of patient's ability for a spontaneous breathing trial within the routine ventilator checks and report out information to attending and/or APRN. The ICU therapist is responsible for properly implementing those respiratory procedures and monitoring activities associated with the ICU Open Heart Protocol as well as the Administration of Nitric Oxide (NO) in the Cardiac Catheterization Unit Protocol as required.

The ICU therapist will be responsible for adequately verifying and reviewing patient respiratory orders. The ICU patient treatment binder should be current. New orders, changes in orders, and reorders must be properly recorded and new treatment sheets provided accordingly. To ensure the appropriate tagging of a patient's chart prior to the expiration of a given order, the tagging of the patient's chart is recommended upon the administration of the 14th treatment. This procedure should provide the physician with sufficient time to reevaluate the patient and render a decision as to whether to continue the previously prescribed treatment modality. All respiratory orders will automatically stop upon 5 days or 20 treatments – whichever comes first (HAM Policy 06-004).

The ICU therapist will be responsible for the proper labeling of patient equipment and treatment bags. The change over to new equipment (nebulizers, jet neb, etc) is to be performed by Day shift on Sundays and Thursdays unless circumstances warrant an earlier change out to clean equipment. HME's must be changed out to a heated humidified circuit after forty-eight (48) hours. Vent circuits will be changed by night shift staff every two (2) weeks unless circumstances warrant an earlier change out.

(NOTE: It is recognized that a therapist's assignment (patient workload) may require co-workers from the same or subsequent shifts to assist in the completion of the changing out of "dirty setups" to new equipment. It is essential that each shift clearly communicate to the next those tasks left incomplete or requiring attention. The Lead Therapist will work closely with staff therapists to provide overall direction and assistance to ensure the timely performance and completion of assignment tasks within an acceptable time frame and in compliance with established departmental standards.)

The pharmacist should be advised if respiratory medication levels in pxyxis are not sufficiently stocked or readily available for usage.

The ICU Therapist will review respiratory equipment supply levels and paperwork available on the unit and restock equipment/paperwork as needed to ensure adequate supplies are readily available

The ICU therapist will be responsible for the appropriate recording of respiratory services administered to a patient (e.g. treatment charting, progress notes in patient's chart, MAR). Additionally, the therapist will be responsible for the accurate and complete documentation of all patient charges (e.g. treatments, equipment, and oxygen usage).

The ICU therapist will be responsible for keeping track of respiratory department equipment in service. Upon the discontinuance of equipment or devices, said equipment/devices are to be properly disinfected and readily returned to the department. Ventilatory devices should be promptly removed upon the conclusion of the standby period, cleaned, reassembled, and EST/SST performed.

The ICU therapist will provide cardiopulmonary instruction/education to patients, patient's family and/or caregivers as needed in the areas of basic education in disease/illness processes, interventional techniques, and/or treatment modalities designed for disease management. The ICU therapist may be called upon as needed to provide respiratory in-service training to nursing personnel.

The ICU therapist, when assigned or directed by the Lead Respiratory Therapist or Clinical Manager will be responsible for the orientation and precepting of new employees. The ICU therapist may also lead lower level employees at the request of either the Lead Therapist or Clinical Manager.

The ICU therapist is responsible for adhering to hospital and departmental policies/procedures/protocols. The ICU therapist will participate in the gathering of quality improvement data as requested.

Effective: 9/05