

Respiratory Care Services

John Dempsey Hospital

Policy and Procedure Manual

Subject: Role of NICU Assignment Therapist

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

The NICU therapist duties and responsibilities will consist of the administration and ventilator monitoring of all types of mechanical ventilation including CPAP, High Frequency Oscillatory Ventilation. Mechanical ventilation management; troubleshoot all equipment and communicate equipment concerns to bioengineering; assembly, setup and monitoring of Infant Flow, CPAP, oxyhoods, and Nitric Oxide; participation in resuscitative efforts and intubations; deliveries; participating in transports both in and outside the hospital; staffing of the Blood Gas Lab, processing of ABG specimens for analysis, and transmittal of results.

The NICU Therapist will be responsible for adequately verifying and reviewing infant vent orders. The NICU therapist will be responsible for the appropriate recording of ventilator settings and changes. Additionally, the therapist will be responsible for the accurate and complete documentation of all patient charges (e.g. ventilator hours, equipment, oxygen usage).

The NICU therapist will be responsible for the proper labeling of patient equipment and treatment bags. The change out to new (clean) equipment is to be performed on Sundays and Thursdays by the day shift staff unless circumstances warrant an earlier change out to clean equipment. Vent circuits will be changed every two (2) weeks by the night shift staff. Circuits for standby equipment should be promptly changed after 8-12 hours if it is to remain at bedside. The soaking of sensors should not exceed more than 20 minutes and sensors should be thoroughly rinsed and placed for drying prior to reuse.

(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 NICU 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 for usage. Equipment (exhalation blocks) sent to central sterile are to be properly logged, followed, and timely retrieved from central sterile (generally processing is two days).

Resuscitation Rooms should not be used to store an overflow of equipment. Overflow should be placed in the officially designated equipment storage area(s).

The NICU therapist is responsible for checking the NICU tank cart and appropriately maintaining the par levels for full air cylinders and full oxygen cylinders.

The NICU therapist is required to conduct a performance and a system check of the Neonatal Transport Ventilator, its air and oxygen supply tanks/regulators, availability of a transport ventilator circuit and tank key. The therapist will proceed to properly document the information in the appropriate Neonatal Transport Ventilator Log Book. The NICU Charge Nurse must be advised of same and if the Transport Ventilator is fit for use.

Neopuff resuscitator equipment must be checked by the NICU therapist.

The NICU therapist is to promptly removed ventilators upon the conclusion of the standby period. Ventilators are to be maintained, cleaned, reassembled and EST/SST.

The NICU therapist may be called upon as needed to provide respiratory in-service training to nursing personnel or assist the respiratory clinical specialist.

The NICU 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 NICU therapist may also lead lower level employees at the request of either the Lead Respiratory Therapist or Clinical Manager.

The NICU therapist is responsible for adhering to hospital and departmental policies/procedures/protocols. The NICU therapist must also comply with those policies and protocols established by the NICU. The NICU therapist will participate in the gathering of quality improvement data as requested.

Effective: 9/05