

# **Respiratory Care Services**

## **John Dempsey Hospital**

### **Policy and Procedure Manual**

#### **Subject: Role of Special Payroll (Per Diem Therapist), Agency, and Travelers**

Special Payroll, Agency, and Traveler Respiratory Therapists are utilized within the Respiratory Therapy Department to assist in maintaining minimal staffing levels and increase staffing levels during periods of extraordinary demand. Additionally the services of these individuals help to provide coverage for vacations, sick calls, extended leaves, periods of increased activity, and in-service education of permanent staff members.

The role of Special Payroll, Agency, and Traveler Respiratory Therapists is to function and assist in the management of ICU, Emergency Department, or Floor patients only who requiring respiratory support and respiratory services. These therapists excluded from participation in the NICU assignment.

The therapist is expected to actively participate, communicate, and offer input to nurses, APRNs, and attendings regarding a patient's respiratory management, nursing concerns, or equipment.

Duties and responsibilities will consist of the administration of all types of mechanical ventilation including BiPap, CPAP, and IPPB; administration of aerosolized medication therapies, perform sputum induction/collection; delivery of 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; management of Open Heart Patients in accordance with OPEN HEART PROTOCOL PROCEDURE; patient assessments and documentation associated with the established "Conversion from Small Volume Nebulizer to MDI Protocol"; function as a member of the Rapid Response Team (when assigned RRT Beeper) to provide clinical respiratory assessment of the patient and make appropriate respiratory interventional recommendations as the patient's condition warrants; assembly, setup and monitoring of BiPAP Vision, BIPAP, CPAP equipment; participation in resuscitative efforts and intubations (Code Blue).

The Special Payroll, Agency, and Traveler Respiratory Therapists are responsible for reviewing patient respiratory orders. Patient treatment sheets must be current. Old treatment sheets or sheets for discharged patients should be removed accordingly and placed in the appropriate Filing Basket located in the unit and/or floor.

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 a patient's chart is recommended upon the administration of the 14<sup>th</sup> treatment. This uniformity in procedure should provide the physician with sufficient time to reevaluate the patient and render a decision as to whether to continue with 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 change over to new equipment (nebulizers, jet neb, etc) is to be performed by day shift personnel on Sundays and Thursdays unless circumstances warrant an earlier change out to clean equipment. HME's must be changed out to a heated wire circuit after 48 hours. Ventilator circuits will be changed every two weeks by the night staff.

(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.)

Special Payroll, Agency, and Traveler Respiratory Therapists will review respiratory equipment supply levels and paperwork available in the assigned area and restock equipment/paperwork as needed to ensure adequate supplies are readily available for usage. Special Payroll, Agency, and Traveler Respiratory Therapists will advise a permanent staff member of any low supply level noted within the Respiratory Therapy Department area during the course of restocking a given area. (Note: Respiratory Equipment is stocked by the individual floors. *Respiratory Therapy Department Personnel are responsible for stocking the ICU area.*)

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

Special Payroll, Agency, and Traveler Respiratory Therapists will appropriately record respiratory services administered to a patient (e.g. treatment charting, progress notes in patient's chart, MAR). Additionally, accurate and complete documentation of all patient charges (e.g. treatments, equipment, and oxygen usage) is required on the Respiratory Therapy Charge Sheet.

Respiratory therapy department equipment placed into service is to be monitored and tracked. Upon discontinuance of equipment or devices on the floors or ICU, said equipment/devices are to be readily returned to the department. Ventilatory devices should be promptly removed upon the conclusion of the standby period ( 8 hours for Open Heart, 24 hours for others), cleaned, reassembled and EST/SST. Non disposable parts are to be bagged and placed in the appropriate Central Sterile Bin.

Special Payroll, Agency, and Traveler Respiratory Therapists will adhere to Hospital and Departmental policies/procedures/protocols.

Effective: 10/05