Respiratory Therapy Assessment Tool

Respiratory Care Protocol - Assessment Legend						
Area of Assessment	0	1	2	3	4	**Acuity Score**
Pulmonary History - Patient Information on WOB	No Pulmonary History	Hx of Asthma & COPD	Mild Exacerbation	Moderate Exacerbation	Acute Exacerbation	
	No Smoking History	Ex-smoker	Active smoker; Hx of Asthma or COPD	Active smoker; Hx of Asthma or COPD	Severe or Chronic Pulmonary Disease	
Breath Sounds	Clear	Mildly Dcreased	Faint Mild Wheeze	Basiliar Crackles	Severe Wheezing or Rhonchi	
			Rhonchi Bilaterally	Moderate Insp/Exp Wheeze	Severely Diminished	
			Diminished	Moderately Diminished	Absent	
Respiratory Pattern	Regular RR 8-20	Increased RR 21-25	RR 26-30	RR 31-35	RR >35	
		Tachypnea with No Distress	Mild Dyspnea On Exertion (Walking in Room or Down Hall)	Moderate Dyspnea On Exertion (Walking to Bathroom or Less)	Severe Dyspnea	
		Respiratory Comfort Position Dependent	Orthopnea	Labored Breathing	SOB @ rest	
					Accessory Muscle Use	
					Conscious Effort To Breathe	
Cough	Strong Non-Prod Cough	Paroxysmal Coughing	Strong Prod Cough	Weak Cough/Productive	No Effort/Requires Sx	
			Secretions - Thin Green/ Yellow/Tan	Secretions - Thick Green/Yellow/ Tan	Copious Secretions/Plugs	
Speech	No Difficulty Speaking	Some Difficulty Speaking with Activity	Speaks in Partial Sentences After Activity	Pauses Between Sentences to Catch Breath	Speaks only 1-2 Words at a Time	
	Non-Verbal	Mild SOB	Moderate SOB	Moderate to Severe SOB	Severe SOB	
Oxygen Status	SpO2 On RA >92%	SpO2 88-92% on RA	SpO2 88-92% on RA	SpO2 88-90% on RA	SpO2 <88% on RA	
		SpO2 >92% on 2L or Less	SpO2 >90% on 3-4L	SpO2 >90% on 5-6L	SpO2 >90 on HFNC/Mask/NIV	
					Total:	

Post-Extubation/RT Protocol

1. The post-extubation/RT protocol is designed to encourage and aid patients with deep breathing and coughing post-operatively. It is indicated in conditions predisposing to the development of pulmonary atelectasis or for the treatment of pulmonary atelectasis. Patients with significant obstructive and/or restrictive disease/s will be assessed and treated per the respiratory protocol post extubation and on an as needed basis.
2. Therapies suggested include the following modalities:
    a. Incentive Spirometry
    b. PEP valve
    c. Flutter valve
    d. Cough/deep breathing
    e. Nasal/tracheal suctioning
    f. PT/OT consult
    g. Progressive Mobility
    h. NPPV for COPD
    i. Cough Assist
    j. Metaneb

Respiratory Care Protocol - Bronchodilator Therapy Guideline									
Acuity Score	**24 - 23**	**22 - 21**	**20 - 19**	**18 - 17**	**16 - 15**	**14 - 13**	**12 - 10**	**9 - 7**	**6 - 0**
Frequency	Continous Nebulizer	Q2 hr & PRN	Q3 hr & PRN	Q4 hr & PRN	Q4 hr W/A & PRN	Q6 hr W/A & PRN	For - 11-12 QID & PRN For - 10 TID & PRN	Bid & PRN	No Therapy Indicated
Bronchodilator Therapy	Albuterol 10mg/ Ipratroprium 2mg x 2 Hours **No Change Noted Increase Therapy to** Albuterol 15 mg/ Ipratroprium 4mg x 2 Hours	Albuterol 2 puffs **or** Albuterol 2.5 mg Q2 & prn & Ipratroprium 0.5 mg Q6 Hours	Albuterol 2 puffs **or** Albuterol 2.5 mg Q3 & prn & Ipratroprium 0.5 mg Q6 Hours	Albuterol 2 puffs **or** Albuterol 2.5 mg Q4 & prn & Ipratroprium 0.5 mg Q6 Hours	Albuterol 2 puffs **or** Albuterol 2.5 mg Q4 W/A & prn & Ipratroprium 0.5 mg Q6 Hours	Albuterol 2 puffs **or** Albuterol 2.5 mg Q6 W/A & prn & Ipratroprium 0.5 mg Q6 W/A Hours	Albuterol 2 puffs **or** Albuterol 2.5 mg	Albuterol 2 puffs **or** Albuterol 2.5 mg	No Therapy Indicated
Revaluate / Notification	Every 2 Hours **Notify MD: Initially and after 1st 2 Hours**	Every 4 Hours **Notify MD about progress**	Every 6 Hours **Notify MD about progress**	Every 8 Hours	Q Day	Q Day	Q Day	Q Day	PRN
May change therapy to PRN if No change in BS x 24 hours or Clear BS x 24 hours or Patient REFUSES more than 2 therapies									
Additionally	**Pulmonary Hygiene or Inflation Therapy maybe indicated**			DuoNebs and Atrovent are not PRN medications and should only be ordered as a scheduled medication.					

Type of Procedure	Indication
Bronchopulm Hygiene (Vest, Percussor)	
Q4 ATC	Copious secretions, dyspnea, unable to sleep, mucus plugs
QID & PRN @ night	Moderate secretions
TID	Small amount secretions w/ poor cough & history of secretions
Q shift W/A	Unable to take a deep breath and cough spontaneously
PEP, Accu-Pap, etc	
Q4 W/A & PRN @ night	Severe atelectasis, poor oxygenation
QID	High risk for persistent atelectasis, existence of same
TID	At risk for persistent atelectasis
Q shift W/A	Prevention of atelectasis
Instruct, 1 follow-up	Patients able to perform well on their own

Therapy will be started as a Nebulizer and then changed to a Metered Dose Inhaler (MDI) based on patient ability to perform correctly and status of work of breathing.

Xopenex (1.25 mg nebulized) may be given in place of Albuterol for patients' who have adverse reactions to Albuterol or have a history of taking Xopenex and documented in EHR.

Consider Inflation Therapy or Pulmonary Hygiene if score is >19