Patient Response to Therapy

All respiratory care procedures must be evaluated with regard to the patient's response to that therapy. All pertinent responses to therapy should be documented accordingly in the electronic medical record (EMR).

The ongoing assessment of the respiratory status of the patient is a collaborative effort that involves the physician, the nurse, and the respiratory practitioner. The goals/objectives, effects/progress of the respiratory status and the affect of the respiratory care procedures will be documented in the patient's medical record by the physician in the patient progress notes. The nurse and the respiratory care practitioner will document in the appropriate sections of the patient's EMR.

Patients ordered for "PRN" treatments will be assessed by a respiratory care practitioner and inform the nurse and the patient if a treatment is needed to page respiratory care.

The respiratory care practitioner will notify the patient's nurse if the patient refuses therapy as ordered by their physician; such refusals will be documented in the EMR.

All respiratory care documentation will be completed in its entirety and in a timely fashion in the EMR. Signing in under one’s name and password is akin to a signature.

Purpose of Policy

To ensure patient safety during the administration of all respiratory care procedures, by monitoring respiratory, cardiovascular, and neurologic responses to such procedures.

Procedure

Monitoring will be in accordance with the following guidelines:

I. Respiratory responses to therapy:
   - Changes in respiratory rate and/or rhythm
   - Patient color
   - Breath sounds before and after therapy
   - Cough effectiveness
   - Sputum production, quantity, consistency, color
   - Status of any chest tubes/pneumothorax and the effects the treatment had on their function
   - Results of any non-invasive respiratory monitoring in use during the therapy
   - Any measurements made in conjunction with the therapy; negative inspiratory force, vital capacity, tidal volume, peak flow rates
Policy 3364-136-03-07
Patient Response to Therapy
Page 2

- Changes in patient's subjective findings (complaints of dyspnea)
- Degree of restlessness and irritability

II. Cardiovascular responses to therapy:
- Heart rate, pre and post therapy
- Changes in various blood pressures; arterial, central venous, pulmonary artery, pulmonary capillary wedge pressure, left arterial pressure
- Changes in cardiac output (index)
- Arrhythmias

III. Neurologic responses to therapy:
- Any changes in level of consciousness
- Any changes in level of responsiveness
- Seizures
- Intracranial pressures

IV. Adverse reactions to therapy:
The patient should be closely monitored for the occurrence of any of the following specific adverse reactions.
- Pain
- Nausea/vomiting
- Dizziness
- Bronchospasm
- Hemoptysis

All adverse drug reactions (ADR) that are serious, uncommon and unexpected shall be reported to
Pharmacy. The ADR Hotline number is 8359.

If the patient's response to therapy is adverse, it may be necessary to modify or terminate therapy,
monitor the patient for further change in symptoms, and contact the patient's nurse and/or physician in
accordance with Respiratory Care policy #3364-136-03-06, and document accordingly in the EMR.

Approved by: Michael Taylor
Director, Respiratory Care

Date

Daniel Barbee
Vice President Clinical

Review/Revision Date:
5/27/1990
7/3/1991
3/11/1993
2/13/1996
8/26/1999
7/23/2001
11/10/2004
8/29/2007
8/11/2010
8/07/2012
3/1/2016

Next Review Date: 3/1/2019

Policies Superseded by This Policy: