


<p>Name of Policy: <u>Respiratory Home Care Evaluation, Referral and Documentation</u></p> <p>Policy Number: 3364-136-01-06</p> <p>Department: Respiratory Care</p> <p>Approving Officer: AVP Patient Care Services/Chief Nursing Officer</p> <p>Responsible Agent: Director, Respiratory Care</p> <p>Scope: The University of Toledo Medical Center Respiratory Care Department</p>	 <p>Effective Date: December 1, 2019 Initial Effective Date: August 10, 1987</p>
<p> <input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy </p>	

A) Policy Statement

The following guidelines regarding the evaluation, referral and documentation are required for patients who might require home respiratory care, including oxygen, nebulizers and tracheostomy supplies.

(B) Purpose of Policy

1. To provide a successful hospital to home transition for a patient requiring respiratory home care.
2. To assure that adequate documentation of respiratory care exists in a patient's medical record prior to discharge.

(C) Procedure

1. Order: The Respiratory Care Practitioner (RCP) will verify the physician's written order in the patient's medical record specifying need for evaluation for home respiratory care.
2. Evaluation: The RCP will evaluate the patient for type of respiratory care ordered and qualifications. The therapist will document the results of the evaluation in the Electronic Medical Record (EMR). It must be noted that if further orders for arranging of home respiratory care are required, there must be a complete order in the chart.
3. Arranging of home care equipment: The RCP will review the patient's chart to obtain pertinent information and recent documentation of blood gas results, or pulse oximetry results, if needed for the home equipment. Necessary information will include:
 - a. Verify complete order in the patient's chart
 - b. Patient identification
 - 1) Name and social security number
 - 2) Address and phone number
 - 3) Emergency contact
 - 4) Insurance coverage
 - c. Medical Necessity
 - 1) Type of therapy requested
 - 2) Frequency of use
 - 3) Estimated duration of need

