Name of Policy:	**Segmental bronchial drainage**
Policy Number:	3364-136-04-07
Department:	Pulmonary Services
Approving Officer:	Senior Hospital Administrator
Responsible Agent:	Director, Pulmonary Services
Scope:	The University of Toledo Medical Center Pulmonary Services Department

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: June 1, 2023

Initial Effective Date: 12/1/2004

_____ New policy proposal
_____ Major revision of existing policy
__x__ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

(A) Policy Statement

The Department of Respiratory Care will provide different modes of therapies, designed to promote clearance of pulmonary secretions. These include Segmental Bronchial Drainage (SBD), The Vest Airway Clearance System, Vibratory PEP therapy and Intrapulmonary Percussive therapy. All modes are either directly prescribed by a physician or initiated when RT Protocols are ordered (as outlined in policy 3364-136-04-12).

(B) Purpose of Policy

To ensure proper and safe bronchial drainage and pulmonary hygiene resulting from the effective administration of positioning, percussion, and vibration therapies.

Indications: include patients with bronchitis, pneumonia, cystic fibrosis, or any other condition requiring the removal of secretions or foreign bodies from the respiratory tract.

Goals: to assist the patient in maintaining good bronchial hygiene to improve alveolar minute volume by mobilizing and removing secretions.

Contraindications: include, but are not limited to, lack of patient tolerance, instable hemodynamic status, spinal surgery, hemoptysis, untreated pneumothorax, flail chest, pulmonary embolism, and aneurysms.

Hazards: include, but are not limited to, trauma of surgical wounds, over mobilization of secretions, increased ICP and hypoxia.

(C) Procedure

1. After verification of the physician's order, the practitioner will review the patient's chart for information regarding which segments/lobes of the patient's lungs require bronchial drainage.

2. The practitioner then appropriately identifies the patient and informs the patient about the purpose and procedure of the treatment.

3. Aseptic technique should be always maintained. The practitioner should then assess the patient's respiratory status, including respiratory rate, pulse, and breath sounds by auscultation.

4. The practitioner should properly position the patient according to the segments/lobes of the patient's lungs which are to be drained.

5. Manual or mechanical percussion/vibration will be performed as tolerated by the patient.

6. The patient will be positioned, and percussion/vibration will be performed by the practitioner, for all positions as indicated and as tolerated.

7. Position the patient in a semi-Fowler's position, and encourage proper coughing by the patient, to promote the mobilization and expectoration of secretions; tracheal suction will be performed as indicated.

(D) The Vest Airway Clearance System

1. Consists of an Air Pulse Generator and a disposable vest, that when properly connected, supplies pulsations to the chest wall.

2. Refer to the user manual for complete instructions on using The Vest.

3. Absolute contraindications include: head and/or neck injury that has not yet been stabilized and active hemorrhage with hemodynamic instability. Please refer to the user manual for relative contraindications.

(E) Acapella Vibratory PEP Therapy

1. Combines the benefits of positive expiratory pressure and airway vibrations to mobilize pulmonary secretions.

2. Facilitates opening of airways; the practitioner will adjust the frequency and flow resistance based on the patient’s response to therapy
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3. Refer to product enclosure for features and more specific use instructions.

(F) Intrapulmonary Percussive Therapy (MetaNeb)

1. A therapeutic device that utilizes a systematic approach to enhance normal mucous clearance and resolve or prevent patchy atelectasis.

2. Refer to policy 3364-136-04-09 for indications and appropriate setup and use

(G) After the treatment, complete the assessment and response to therapy in the EMR.

(H) Adverse reactions to therapy:

1. The patient should be closely monitored for the occurrence of any increased shortness of breath, nausea/vomiting, dizziness, bronchospasms, cyanosis, chest pain, tachycardia, agitation, or any other undesirable side effects.

2. 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, contact the patient's nurse and/or physician, and document appropriately (according to policy 3364-136-03-07 of this manual.

Approved by:		**Review/Revision Date:**
/s/	06/22/2023	05/29/1992 05/06/1993 08/01/1996 08/31/1999 07/15/2001 11/30/2004 03/06/2008 02/10/2011 08/09/2012 12/01/2015 08/01/2019 06/01/2023
Michael Taylor Director, Pulmonary Services	Date	
/s/	08/01/2023	
Shahnaz Rehman, M.D. Medical Director	Date	
/s/	06/29/2023	
Russell Smith Senior Hospital Administrator	Date	
Review/Revision Completed By: *Director, Pulmonary Services*		**Next Review Date: June 1, 2026**
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.