Name of Policy:

Policy Number: 3364-136-07-03

Department: Respiratory Care
Approving Officer: AVP Patient Care Services/
Chief Nursing Officer

Responsible Agent: Director, Respiratory Care

The University of Toledo Medical Center
Respiratory Care Department

Effective Date: August 1, 2019
Initial Effective Date: October 14, 1987

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

New policy proposal
Major revision of existing policy

Reaffirmation of existing policy

(A) Policy Statement

Scope:

Respiratory Care Practitioners (RCP) provide care according to their respective scopes of practice and collaborate with Nursing and other members of the healthcare team to optimize care. The therapist is available for the critical care units at all times and units are covered by another therapist for breaks/lunches as to quickly and effectively respond to patient and unit needs. If the practitioner leaves the unit for other responsibilities, the charge nurse or other appropriate nursing personnel are notified and contact information is provided. Mechanically ventilated patients being transported or who are in diagnostic areas of the hospital will be staffed by an RCP continuously during this time.

Mechanical changes and manipulations in ventilator settings may be made only by a member of the Respiratory Care Department, licensed by the State Medical Board of Ohio. These changes will be made upon receipt of a written or a verbal order from the appropriate physician. Physicians may make ventilator changes but must immediately notify the RCP assigned to that ventilator patient.

(B) Purpose of Policy

To establish specific guidelines concerning the staffing of mechanical ventilators, and who is authorized to make mechanical changes and manipulations to mechanical ventilators.

(C) Procedure

- I. All patients on mechanical ventilators in the Intensive Care Units will be staffed on a 24/7 basis, by a licensed Respiratory Care Practitioner. These ventilators will be inspected and settings documented at least every four hours, after a mechanical ventilator parameter change, after an adverse reaction (as stated in policy 3364-136-05-01), after a power failure, and after patient transport.
- II. The following guidelines will be followed for the staffing of patients on mechanical ventilation in areas not covered in section I (including, but not limited to: ICCU, Hemodialysis, 5AB, Rehab, Endoscopy, ED and PACU):

A licensed Respiratory Care Practitioner will be assigned responsibility for the intermittent assessment and care of mechanical ventilators in these areas. If need be, based on the patient's status, a therapist will stay in the area, thus maintaining attention to the situation, until such time as when the patient is stable. These ventilators will be inspected and settings documented at least every four hours, after a mechanical ventilator parameter change, after an adverse reaction (as stated in policy 3364-136-05-01), after a power failure, and after patient transport.

- III. For all areas staffed intermittently, staffing will be in accordance with the following guidelines:
 - 1. The assigned Respiratory Care Practitioner will have the appropriate phone for the area so the nursing staff can easily contact them.
 - 2. If necessary, the responsible nursing staff can page the Respiratory Care Charge Therapist or Supervisor in the event of concerns. Should ventilator or airway concerns arise, the nurse will disconnect the patient from the ventilator and ventilate the patient with a manual resuscitation bag.
 - 3. The assigned Respiratory Care personnel will provide routine mechanical ventilator and ventilator alarm system maintenance every 4 hours or more as needed. The therapist will also deliver any prescribed respiratory treatments.
 - 4. In areas that are not staffed on a 24/7 basis, unit nursing staff must be adequate enough to hear and respond to ventilator alarms at all times. The assigned unit nurse will be responsible for responding to the urgent respiratory needs of the patient.
 - 5. The primary physician is responsible for ordering ventilator parameter changes in response to physiologic data that are outside of acceptable limits.

Approved by:		Review/Revision Date:	
		10/14/1987 10/04/1988	03/23/2005 03/04/2008
/s/		01/18/1990	03/09/2011
Michael J. Taylor	Date	05/29/1992	08/14/2012
Director, Respiratory Care		07/12/1993	09/10/2013
		05/17/1995	10/29/2013
		06/10/1996	12/01/2015
/s/		08/24/1999	08/01/2019
Monecca Smith	Date	05/15/2001	
AVP Patient Care Services/		03/15/2002	
Chief Nursing Officer			
Review/Revision Completed By:		N - 4 D - 2 - D	4 4 41 2022
Director, Respiratory Care		Next Review Date: August 1, 2022	