

**OLIVE VIEW-UCLA MEDICAL CENTER
RESPIRATORY CARE SERVICES - ADULT
POLICY & PROCEDURE**

**NUMBER: 852
VERSION: 1**

SUBJECT/TITLE: PATIENT ASSESSMENT

POLICY: All patients receiving Respiratory Care will be assessed by a licensed Respiratory Care Practitioner to determine the need for the prescribed pulmonary intervention, patient condition and therapeutic goal.

PURPOSE: To describe guidelines for the Respiratory Care Practitioner's assessment of patients. To competently assess the pulmonary patient, the practitioner must be able to determine the pathophysiologic state, develop therapeutic goals and determine the appropriateness of the prescribed therapy.

DEPARTMENTS: RESPIRATORY CARE SERVICES

PROCEDURE: A. Initial Assessment:

1. All patients, with the diagnosis of Reactive Airways Disease (RAD) being treated in the Department of Emergency Medicine, will be assessed within two (2) hours of admission from the DEM. All other patients will be assessed within two hours of notification of need for therapy.
2. Data Collection for competent assessment are:
 - a) Diagnosis
 - b) Patient History
 - c) Chief Complaint
 - d) Physical Assessment
 - ◆ Breath Sounds
 - ◆ Respiratory Rate, Depth, Pattern and Peak Flows
 - ◆ Use of Accessory Muscles
 - ◆ Heart Rate & Variability
 - e) Clinical Data (when available)
 - ◆ SaO₂
 - ◆ EtCO₂
 - ◆ ABG's
 - f) Patient's ability to perform ordered modality.
3. Initiate ordered therapy or contact ordering physician for suggested alternate to therapy that meets the patient's needs. Assess the therapeutic

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objectives, effectiveness and appropriateness of the therapy being delivered.

B. Follow-up / Reassessment

All patients receiving Respiratory Care will be reassessed each time the therapy is delivered. This assessment will be as follows:

- a) Breath Sounds (Before & After Tx)
- b) Heart Rate (Before & After Tx)
- c) Respiratory Rate
- d) Peak Flow (Before & After Tx)
- e) Cough / Effort
- f) Ability to Mobilize Secretions (Color and Quantity)
- g) How Therapy was tolerated
- h) The need for continued therapy, mode or frequency
- i) Patient ability to convert to MDI Therapy and need for education on use and maintenance of MDI for home use and disease management.

References:	
Approved by: Edward Richard Lind (Chief of Respiratory Therapy), Nikhil Barot ()	Date: 08/22/2017
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