

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

**NUMBER: 865
VERSION: 1**

SUBJECT/TITLE: INCENTIVE SPIROMETRY

POLICY: An RCP will initially instruct patients on the proper technique and usage of the incentive Spirometry bedside equipment.

PURPOSE: To explain the need and instruction of an Incentive Spirometer.

DEPARTMENTS: RESPIRATORY CARE SERVICES

DEFINITIONS: Incentive spirometry, also known as Sustained Maximal Inspiration (SMI), is a technique used to encourage a patient to take a maximal inspiration sustained over three seconds; it may increase the transpulmonary pressure thereby improving inspiratory volumes and inspiratory muscle performance. With repetition, SMI maneuvers may reverse lung atelectasis and restore and maintain airway patency.

PROCEDURE: The Device

The incentive spirometer incorporates visual indicators of performance in order to aid the therapist in coaching the patient to optimal performance. Likewise, patients may use this visual feedback to monitor their own efforts

Indications

- Prevention and correction of atelectasis.
 - Facilitate normal ventilatory pattern postoperatively.
 - Encourage the patient in the use of the diaphragm and other muscles of ventilation
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- Check the patient's chart for the appropriate order.
 - Wash hands.
 - Identify patient utilizing 2 patient identifiers.
 - Explain the therapy and the procedure for incentive spirometry.
 - Position the patient for optimal therapy (as erect as possible without causing the patient's level of pain to increase) check if there are any restrictions to positions following surgery.
 - Explain that the therapy is to encourage the patient to deep breath in light of any restrictive conditions because of pain, surgery, immobility, or

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discomfort etc.

- Starting with the mouthpiece encourage to keep a tight seal, breath in deep to raise the piston in the chamber.
- Assist the patient in the performance of 10 maneuvers.
- Note the maximum volume of inspiratory effort for charting.
- Encourage the patient to perform the technique independently with five to ten breaths per session per the doctors’ order.
- Encourage the patient to cough during and after the session using optimal technique and effort.
- Document all necessary information in ORCHID via MPTL or Activities/Intervention or iView I&O.

Last 24 Hours			
Find Item	<input type="checkbox"/> Critical	<input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Abnor
Result	Comments	Flag	Date
			05/17/2019 10:01 PDT
Incentive Spirometry			
Incentive Spirometry Predicted Volume	L		
Incentive Spirometry Volume Achieved	L		
Incentive Spirometry % of Predicted	%		
Incentive Spirometry Times performed			
Breath Hold			
Incentive Spirometry Patient Effort			
Pt Participation in Treatment - IS			

References:	
Approved by: Arnold Panganiban (Chief of Respiratory Therapy), Nikhil Barot ()	Date: 05/17/2019
Review Date: 05/17/2019	Revision Date:
Next Review Date: 05/17/2022	
Distribution: Respiratory Care	

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Original Date: Not Set