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	Document Title:	INCENTIVE SPIROMETRY

PURPOSE:

To discuss the processes involved in performing Incentive Spirometry, a goal-oriented therapy intended to help treat and prevent atelectasis usually encountered in post operative patients.

SCOPE:

Applies to all Respiratory Therapy Services staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:


Respiratory Therapists

GENERAL GUIDELINES:

1. All mouthpiece used for Incentive Spirometry should be for single use only.
2. The policy on 2 patient identifiers should be practiced prior to any treatment or procedure.


PROCEDURE:

1. Review the patient's chart checking for:
 - 1.1. Diagnosis
 - 1.2. Physician's order which includes:
 - 1.2.1. Frequency of the procedure
 - 1.2.2. Inspired volume to achieve
2. Introduce yourself to the patient.
 - 2.1. Explain the procedure to the patient as follows:
 - 2.2. The patient must cooperate fully and have this impressed upon him.
 - 2.3. The patient will be required to breathe from a mouthpiece connected to the spirometer in deep and sustained inspiration. The patient must keep his lips tightly sealed around the mouthpiece.

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- 2.4. The patient cannot breathe through his nose and might require nose clips to prevent this from occurring.
- 2.5. As the patient breathes correctly, an indicator sphere will rise in the incentive spirometer.
- 2.6. The patient should be instructed to raise the sphere five successive times, and then relax and breathe normally. The sphere should be suspended as long as possible. This procedure should be continued for the duration of therapy ordered.
- 2.7. As patient's tolerance improves, so should the number of times, the sphere be raised.
3. The control adjustment on the incentive spirometer is marked in flow (cc. /sec.). Start the patient at the lowest setting to allow him to get accustomed to the procedure. As the patient's tolerance increases, so should the flow setting. Continue to increase the flow setting gradually. It might take several days to reach the maximum setting. By slowly increasing the flow setting, the patient increases his inspiratory ability which will strengthen his cough reflex.
4. The patient needs to be coached and persuaded to give his best effort even though the flow setting might be at a low setting and the patient is having difficulty in raising the sphere.
5. As the patient sees the sphere rise in the spirometer it shows that he is doing the procedure correctly and that he is inspiring a large volume of air which will help his condition.
6. As the patient understands the therapy procedure and is able to demonstrate the desired goal of raising the sphere, the patient's physician should be notified. At this time the physician can either discontinue the necessity of therapist supervision and allow the patient to continue on his own, or he can still require the therapist to be present during each visit to the patient's room. It is the judgment of the therapist to ask whether the patient can and will continue the procedure correctly and efficiently.
7. The whole procedure would take 1 hour to complete.

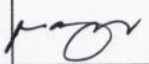

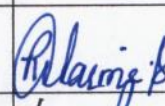
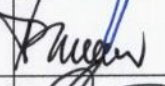
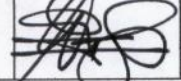
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2. Gatti G, Cardu G, Luisa AM, Pugliese P. Predictors of postoperative complications in high risk octogenarians under going cardiac operations. Ann Thorac Surg 2002;74(3)671-677.


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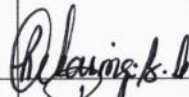


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KEY TASKS	PERSON RESPONSIBLE
1. Checks order or request from the physician.	RTS Staff
2. Introduces self and explains the procedure to the patient	
3. Starts the procedure and observes patient's response.	
4. Notifies the physician whether the patient can and will continue the procedure.	

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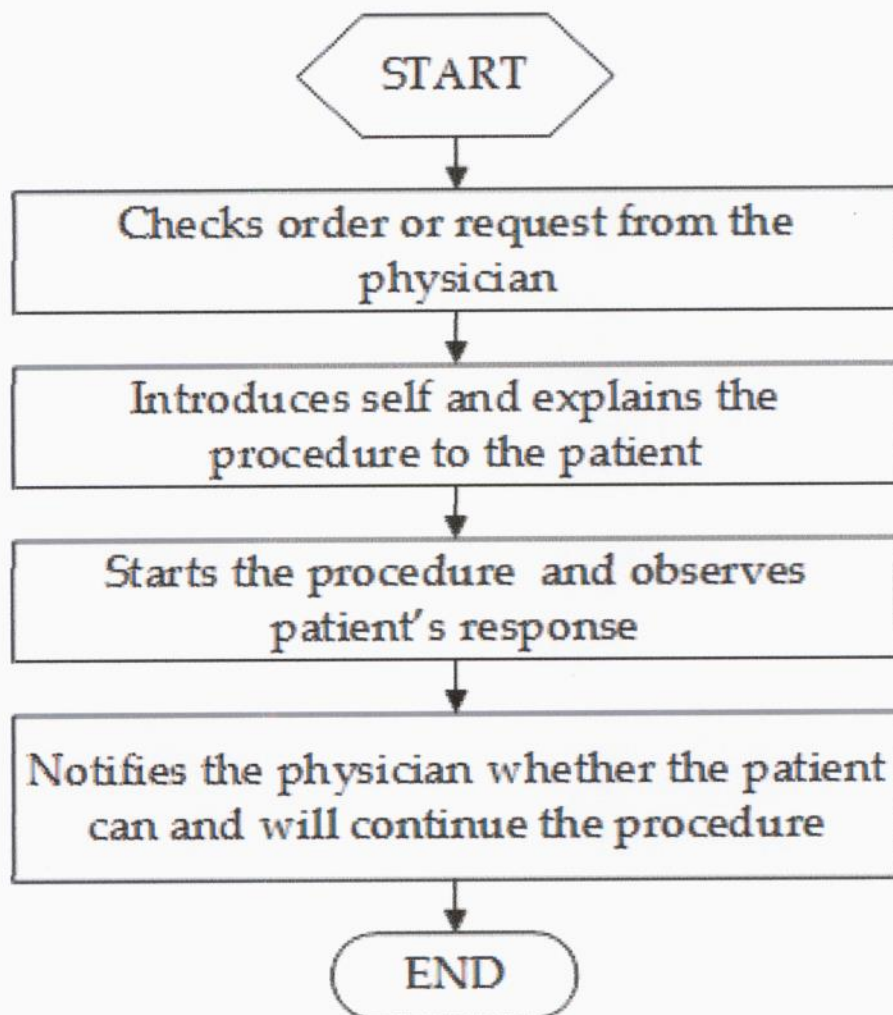


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FLOWCHART










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