 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-ANC-RTS-P001
	Revision Number:	0
	Effective Date:	07-30-2020
	Document Type:	Policy
	Page Number:	1
	Department/Section:	RESPIRATORY THERAPY SERVICES
	Document Title:	POLICY ON HOOKING VENTILATOR AT THE ER TO COVID 19 PATIENT

PURPOSE:

The purpose is to provide an easy implemented protocol to be used by trained Respiratory Therapists (RT) with effective guidelines and consistent instruction for patients requiring mechanical ventilation at emergency room to COVID patient.


LEVEL: Resident on Duty, Respiratory Therapist, Nurses

DEFINITION OF TERMS:

To ensure patient safety, the patient with a temporary, artificial translaryngeal airway should have the fixation device secured at the earliest appropriate time.

POLICY:

1. It is the policy of DPOTMH and the RTS Unit to provide a mechanical ventilator when ordered by the physician.
2. Use of the mechanical ventilator shall be undertaken by a trained and experienced Respiratory Therapist.
3. The Billing Section shall be informed prior to the attachment of Mechanical Ventilators to check on the patients financial assessment & for approval.
4. The Certified Respiratory Therapist (RT) shall complete the following learning modules/activities before performing the respiratory care of a mechanically ventilated patient.
 - 4.2 Review the policy and procedure.
 - 4.3 Review the RTS COVID 19 Response Team.
 - 4.4 Successfully complete the self-directed learning module for Mechanical Ventilation.
5. Proper COMPLETE PPE shall be worn.

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6. Ventilator and bedside alarms must be on at all times. Never leave the patient unattended with alarms off.
7. Alarm response: for all audible ventilator alarms, the RT shall respond immediately to the patient's bedside and assess for respiratory distress or a disconnect.
8. Mechanical ventilator with complete set-up + MDI adaptor attached if needed, oxygen gauge, wrench, pipe in are readily available at the bedside of all patients with artificial airways.
9. Post the charges for all the supplies that have been used for the procedure.
10. A universal precaution by the Infection Control Prevention Control Unit (IPCU) shall be observed in the proper handling of ventilator accessories and the proper disposal of contaminated tubing.
11. In the event that all hospital ventilators are hooked to patients and there is still a need for another one, the department shall request for a back-up Mechanical Ventilator from its accredited supplier to meet the needs of our clients.
12. All RTS personnel are aware of disinfection measures and implement them for themselves and their equipment (e.g., PPE, tools, and instruments)

APPROVAL:

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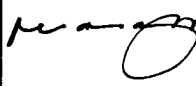



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PROCEDURE

1. Verify physicians order.
2. Set up ventilator with an appropriate circuit based on patient requirements (neonatal, pediatric, or adult).
3. Proper COMPLETE PPE should be worn. Refer to Covid 19 PPE Pre Donning & Doffing Guidelines.
4. Verifies the patient's identity using the 2-patient identifier and documents the same.
5. Connects the machine to an electrical outlet.
6. Tests the sensitivity.
7. Make sure proper attachment to O2source.
8. Sets the parameters as ordered by the physician.
9. Connect circuit to patient airway and monitor patient and ventilator to assure adequate ventilator and patient tolerance.
10. Complete a ventilator check and patient assessment and document results.
11. Once patient is stable, assess patient and ventilator settings as per unit standard and after each parameter change.



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12. Wait for 30 minutes – 1 hour for ABG procedure.
13. Transport patient to room of choice once stable with SARI Team.
14. All RTS personnel are aware of disinfection measures and implement them for themselves and their equipment.

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FLOWCHART

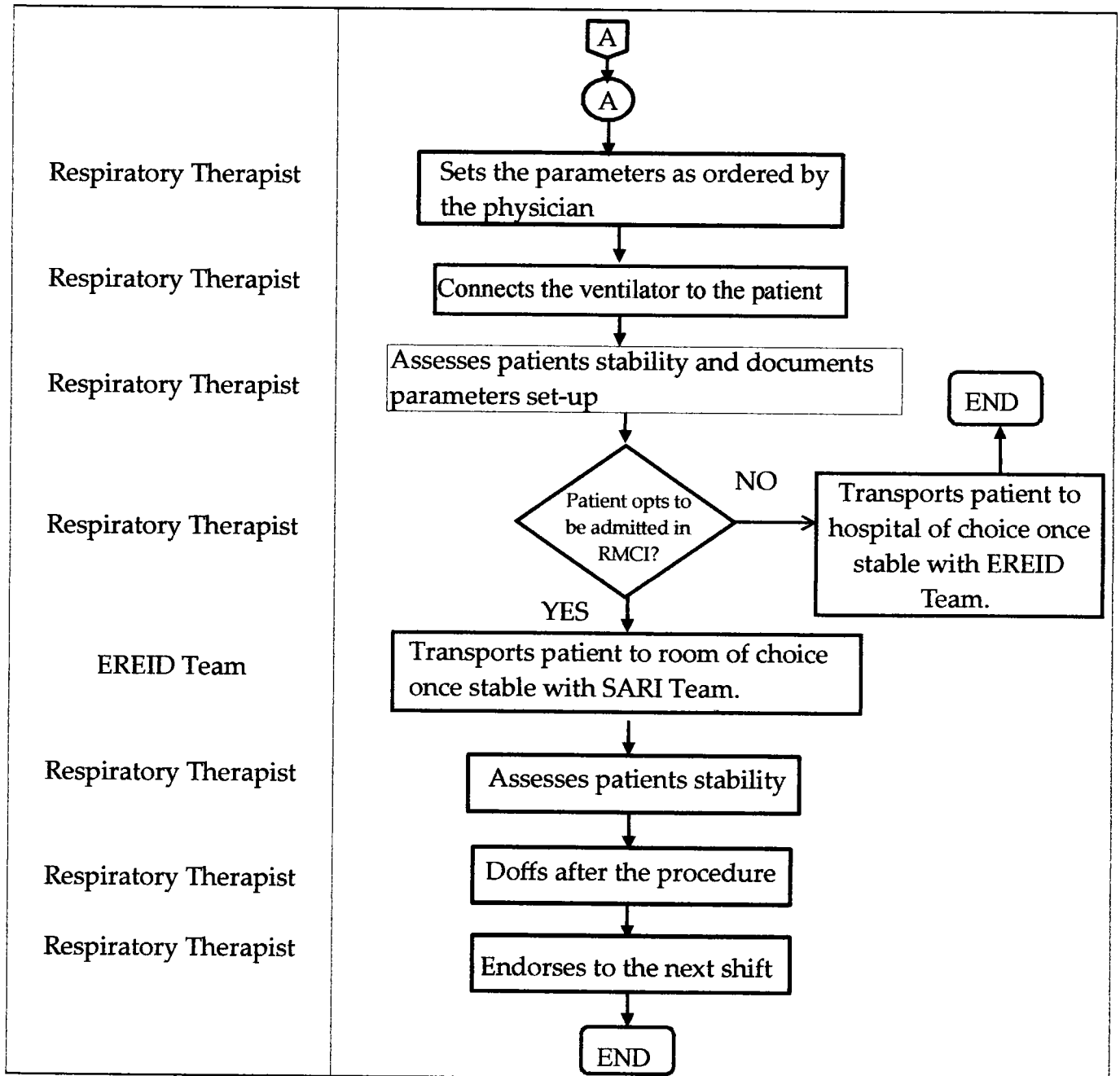
PERSON RESPONSIBLE	ACTIVITY
	<p>START</p> <p>↓</p> <p>Informs RTS unit to attach patient to mechanical ventilator.</p> <p>↓</p> <p>Verify physicians order</p> <p>↓</p> <p>Reviews the patient chart for the ordered settings</p> <p>↓</p> <p>Checks the patient's identity.</p> <p>↓</p> <p>Connects machine to an electric outlet</p> <p>↓</p> <p>Test the sensitivity</p> <p>↓</p> <p>Connects the pressure hose to O2 source</p> <p>↓</p> <p>A</p> <p>↓</p> <p>A</p>
Nurse in charge	
Respiratory Therapist	
Respiratory Therapist	
Respiratory Therapist	
Respiratory Therapist	
Respiratory Therapist	
Respiratory Therapist	




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WORK INSTRUCTION:

Nurse in charge

1. Informs RTS Unit.

EREID Team

1. Transport patient

Respiratory Therapist

1. Verifies physician's order.
2. Checks patient's identity.
3. Reviews the patient chart for the ordered settings.
4. Attaches patient to mechanical ventilator.
5. Assess patient stability and documents parameters set-up.
6. Transport patient.
7. Endorse properly to next shift.

DOCUMENTATION:

1. Patient's Chart
2. RTS Endorsement Form

REFERENCE:

AARC Clinical Practice Guidelines; Patient-Ventilator System Checks, Respiratory Care; 1992; 37: 882-886 AARC Clinical Practice Guidelines; Humidification During Mechanical Ventilation, Respiratory Care; 1992; 37: 887-890 Donald F. Egan, Craig L. Scanlan, Robert L. Wilkins, James K. Stoller, Egan's Fundamentals of Respiratory Care, Eighth Edition, Mosby; June 2, 2003 Dean Hess, Robert Kacmarek, Essentials of Mechanical Ventilation,