

وزارة الصحة سياسات واجراءات

		4	بياسات واجراء	ورت					
اسم السياسة:			رمز	السياسة:	09	RT	HOS	POL	МОН
ervice	ry Therapy Scope Of Se	espiratory	R						
عدد الصفحات:	4:0 صفحات		الط	بعة: الثانية					
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res	Policios & Procedure								
	معتـمد Approved		ختم الاعت	ماد					
	تتم مراجعة السياسة كل س	سنتين علم	الأقل من ت	اريخ اعتماد	آخرط	لبعة:			
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ختم النسخة الاصلية

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وزارة الصحة سياسات ما مراما

MOH POL HOS RT 09	رمز السياسة:	اسم السياسة: Respiratory Therapy Scope Of Service
	الطبعة: الثانية	عدد الصفحات: 4 صفحات

1- Policy:

- 1.1 Respiratory therapists work together with physicians, nurses and other allied health care professionals to provide complete and optimal respiratory care.
- 1.2 All respiratory therapists (RT's) should maintain knowledge of and follow the written protocols, policies and procedures for providing excellent RT care.

2- Purpose:

To establish and define the roles and responsibilities of respiratory therapists at hospital in the aim of providing the most optimal and effective respiratory care to patients.

3- Scope:

This policy is applicable to Respiratory therapy unit.

4- Responsibilities:

- 4.1 It is the responsibility of the respiratory therapists to provide comprehensive respiratory care for hospital inpatients and outpatients.
- 4.2 It is the responsibility of the unit manager and/or his designated personnel to offer continuing education for the staff as well as new employee.

5- Definitions:

- **5.1 RT care providers/therapists**: Qualified respiratory care therapists/practitioners by training and/or certification in nursing/or related health care university/or college degree in respiratory care.
- **5.2 RT protocols:** Protocols designed to ensure that: physicians respiratory care plans are carried out; therapy is appropriate, timely & driven by patient condition; cost effective strategies are appropriate; and the clinical condition in which the physician should be notified are clear and unquestionable.

6. Procedure:

- 6.1 Physical therapy services are provided (7) days a week on 3 shift basis for inpatients.
- 6.2 A respiratory therapist should perform an initial assessment within 4 hours of a referral from the general wards, and within (30) minutes for ER or ICU patients, unless the patient's condition warrants more urgent action.

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سياسات واجراءات

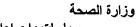
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					الطبعة: الثانية	عدد الصفحات: 4 صفحات

- 6.3 The initial assessment should include, but is not limited to the following:
- 6.3.1 Sputum amount, color and consistency.
- 6.3.2 Most recent chest x-ray report.
- 6.3.3 Auscultation findings.
- 6.3.4 Additional physical exam findings, including but not limited to: heart rate, Respiratory rate, blood pressure, oxygen saturation and temperature.
- 6.3.5 Available and pertinent laboratory data (e.g. ABG, pulse oximetry, and sputum cultures).
- 6.3.6 An assessment based on data collected, stating the current and potential Respiratory problems and any recommendations.
- 6.3.7 The RT carries out one or more for the treating procedures based on the physician recommendation, hospital policies and initial assessment.
- 6.3.8 The RT carries out one or more for the treating procedures based on the physician recommendation, hospital policies and initial assessment.
- 6.3.9 Treating procedures (Patient Driven Respiratory Care) used for patients on general floors and ICU patients are:
- 6.3.9.1 Oxygen therapy.
- 6.3.9.1 Prophylaxis for pulmonary complications.
- 6.3.9.2 Chest physical therapy.
- 6.3.9.3 Postural drainage.
- 6.3.9.4 Training for metered dose inhaler (MDI, with/without spacer).
- 6.3.9.5 Small volume nebulizer (SVN).
- 6.3.9.6 High flow therapy.
- 6.3.9.7 Non-invasive ventilation.
- 6.3.9.8 Portable spirometer.
- 6.3.9.9 Assisting in intubation.
- 6.3.9.10 Ex-tubation.
- 6.3.9.11 MDI/nebulized therapy for ventilated patients.
- 6.3.9.12 Ventilator weaning protocol.
- 6.3.9.13 Invasive and non-invasive ventilation.
- 6.3.9.14 High frequency ventilation.

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- 6.3.9.15 Sputum induction.
- 6.3.9.16 Pannel, Sputum and Trap culture.
- 6.3.9.17 Assisting in bronchoscopy and tracheostomy insertion.
- 6.3.9.18 Transfer critical ventilated patients.
- 6.4 Reassessment by respiratory care services should be documented and should be done when there is a significant change in condition, diagnosis or treatment plan requiring reassessment.
- 6.5 Reassessment of intermittent therapies should be done daily or based on the patient's condition.
- 6.6 The ventilated patient care plan should be updated every 24 hours.
- 6.7 Timeframe of reassessment may be modified to reevaluate the patient earlier if the patient's condition warrants.
- 6.8 Modification of respiratory therapy care treatment plan based on reassessment should be carried out according to established policies and protocols e.g. weaning protocol.
- 6.9 Cooperate with other health professionals to ensure holistic care to patients with diseases.
- 6.10 For disposable parts; all tube circuits, connections, filters and any parts directly connected to the patient should be used only for one time.
- 6.11 For reusable parts; all connections should be sterilized according to instruction for each part.
- 6.12 The respiratory therapist must receive an order once patient's service changed, referred/transferred from a floor and or care unit to another.

7- Forms and Document:

Respiratory Care Protocols.

8- References:

- 1- Joint Commission International Accreditation Standards for Hospitals 7th Edition (2021), Access to Care Chapter and Continuity of Care Chapter Standard, ACC.
- 2- King Hussein cancer center polices, Noninvasive Positive Pressure Ventilation (NPPV), 2021.

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