


Name of Policy: <u>Staffing of Mechanical Ventilators</u> Policy Number: 3364-136-07-03 Department: Respiratory Care Approving Officer: AVP Patient Care Services/ Chief Nursing Officer Responsible Agent: Director, Respiratory Care Scope: The University of Toledo Medical Center Respiratory Care Department	 <p>Effective Date: August 1, 2019 Initial Effective Date: October 14, 1987</p>
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

Respiratory Care Practitioners (RCP) provide care according to their respective scopes of practice and collaborate with Nursing and other members of the healthcare team to optimize care. The therapist is available for the critical care units at all times and units are covered by another therapist for breaks/lunches as to quickly and effectively respond to patient and unit needs. If the practitioner leaves the unit for other responsibilities, the charge nurse or other appropriate nursing personnel are notified and contact information is provided. Mechanically ventilated patients being transported or who are in diagnostic areas of the hospital will be staffed by an RCP continuously during this time.

Mechanical changes and manipulations in ventilator settings may be made only by a member of the Respiratory Care Department, licensed by the State Medical Board of Ohio. These changes will be made upon receipt of a written or a verbal order from the appropriate physician. Physicians may make ventilator changes but must immediately notify the RCP assigned to that ventilator patient.

(B) Purpose of Policy

To establish specific guidelines concerning the staffing of mechanical ventilators, and who is authorized to make mechanical changes and manipulations to mechanical ventilators.

(C) Procedure

- I. All patients on mechanical ventilators in the Intensive Care Units will be staffed on a 24/7 basis, by a licensed Respiratory Care Practitioner. These ventilators will be inspected and settings documented *at least every four hours, after a mechanical ventilator parameter change, after an adverse reaction (as stated in policy 3364-136-05-01), after a power failure, and after patient transport.*
- II. The following guidelines will be followed for the staffing of patients on mechanical ventilation in areas not covered in section I (including, but not limited to: ICCU, Hemodialysis, 5AB, Rehab, Endoscopy, ED and PACU):

A licensed Respiratory Care Practitioner will be assigned responsibility for the intermittent assessment and care of mechanical ventilators in these areas. If need be, based on the patient's status, a therapist will stay in the area, thus maintaining attention to the situation, until such time as when the patient is stable. These ventilators will be inspected and settings documented at least every four hours, after a mechanical ventilator parameter change, after an adverse reaction (as stated in policy 3364-136-05-01), after a power failure, and after patient transport.

