Request for Consultation

Purpose

The purpose of the Respiratory Therapy Consult is to provide the physician with a formal method for requesting a patient consult from the department of Respiratory Care Services (RCS). As part of the Respiratory Therapy Consult, a respiratory therapist will perform a patient assessment and will develop a treatment plan based on sign and symptom based algorithms.

Audience

Physicians requiring a consultation concerning a patient and the services provided by the department of Respiratory Care Services.

Scope

Consultation is initiated by the physician at his/her discretion and is completed by a qualified therapist within the department of Respiratory Care Services.

Guidelines

A physician's order is required for a Respiratory Therapy Consult.

1. Respiratory therapy administered to patients on General Care /TDC floors will be initiated and administered by a respiratory therapist following written protocols if requested by the physician. Respiratory protocols will not be initiated for short-term orders (orders less than 12 hours in duration) or one time therapy.

2. Consults will be answered within four hours of notification.

3. Upon review of the physician orders and completion of a patient assessment, the respiratory therapist will create a written care plan using the established indications and algorithms for decision-making. If the care plan verifies indications for the ordered therapy, the appropriate protocols will be initiated.

4. The respiratory therapist will contact the physician when any therapy is not indicated by the established treatment guidelines. If the physician agrees with the therapist’s plan of care, new orders will be documented in the patient chart and the appropriate protocols will be initiated. Should the physician request that the originally prescribed therapy be continued, the medical director for the department of Respiratory Care Services will be notified and the prescribed therapy will be continued until the next business day. Upon re-evaluation, treatment will be continued at the discretion of the medical director or attending physician.

5. For acute symptoms of hypoxemia or severe bronchospasm associated with tachycardia, tachypnea, or decreased oxygen saturation, the patient will be treated with the appropriate oxygen device or a bronchodilator via

nebulizer or Metered Dose Inhaler. Immediate respiratory care will be provided in accordance with the algorithms and/or physician orders (if available), followed by a complete respiratory therapy evaluation when the patient is stable.

6. A request for advice from the Respiratory Care Services Medical Director may be initiated at the respiratory therapist's discretion for any patient who has problems that are not resolving with respiratory therapy treatments alone or for those who do not fit into the standard algorithm for treatment.

7. Therapists are encouraged to consult the patient's physician(s) whenever questions about respiratory care management arise.

8. All protocol directed interventions will be documented in the medical record.

ADDITIONAL INFORMATION

Timely patient assessment is an integral part of the respiratory therapy protocol. The scheduled re-evaluations will be performed in accordance with the patient’s acuity level (triage number). Patients will be assessed with each scheduled treatment and changes to the therapy plan may be made if indicated. It is recommended that re-evaluations for patients with chronic, stable disease be performed every 5-7 days. Requests for appropriate modifications to the respiratory care plan will be honored. Any changes to therapy including discontinuations will be documented in the medical record.

1. Kollef MH, Shapiro SD, Clinkscale D, Cracchiolo L, Clayton D, Wilner R, Hossin L. The effect of respiratory therapist-initiated treatment protocols on patient outcomes and resource utilization. Chest 2000;117(2):467-475.
2. Komara JJ Jr, Stoller JK. The impact of a postoperative oxygen therapy protocol on use of pulse oximetry and oxygen therapy. Respir Care 1995;40(11):1125-1129.
3. Konschak MR, Binder A, Binder RE. Oxygen therapy utilization in a community hospital: use of a protocol to improve oxygen administration and preserve resources. Respir Care 1999;44(5):506-511.