Reasons for Therapy Being Missed

Purpose

To outline the Guidelines for appropriate documentation of reason(s) the patient's prescribed therapy was unable to be performed by the therapist on his/her shift.

Audience

All UTMB personnel providing patient care.

Scope

Respiratory Care Services staff attempts to perform all therapy ordered for the patient. When therapy cannot be performed, documentation of the circumstances is required. This applies to all Respiratory Care Services personnel providing direct patient care therapy.

Guidelines

The following categories include acceptable reasons for therapy being missed and also include acceptable charting and documentation content:

- Unavailability of Therapist.
- Unavailability of Patient.
- Patient Refusal.
- Unavailability of Equipment.
- Patient eating.

<u>Unavailability of Therapist:</u>

Acceptable Charting:

- "Therapist unable to provide service at this time, will continue to follow."
- "Therapist participating in Code 99".
- "Therapist performing treatment(s) in ER"

Documentation Content:

- The reason(s) for therapy being missed must be documented in Epic, along with the date and time when two (2) attempts at performing therapy must be made with a reasonable amount of time between attempts (30 minutes).

<u>Unavailability of Patient</u>:

Acceptable Charting (Patient in room):

- "Patient bathing"
- "Patient eating"
- "Physician with patient"
- "X-ray tech/nurse/physical therapist with patient"

Documentation Content:

- Two (2) attempts at performing therapy must be made with a reasonable amount of time between attempts (30 minutes).

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Guidelines Continued

Unavailability of Patient (continued):

- The reason(s) for each missed therapy must be documented in EPIC.

Acceptable Charting (Patient out of room):
- "Patient in surgery"
- "Patient in PFT lab"
- "Patient in x-ray"

Documentation Content:
- Document appropriate reason(s) for therapy being missed. Include date, time of attempted therapy.

Acceptable Charting (Patient asleep):
- The order "while awake" usually denotes the hours of 0600-2200. Example: If a patient has an order for "Q4 hours while awake" and he/she is sleeping at 1400, this is not an appropriate reason for therapy to be missed.
- Sleeping hours are designated as 2200-0600.
- Nurses request to allow the patient to sleep:
  - § The therapist must perform a patient assessment in order to determine the patient's need for therapy, respiratory rate and work of breathing.
  - § If the outcome of the therapist's assessment indicates that the patient is in no respiratory distress, the therapist must document in Epic the outcome of the assessment and that the therapy was not performed. "Patient resting comfortably; in no distress."
  - § The results of the assessment and the name of the patient's nurse must be documented on the flowsheet if the therapy is postponed.
  - § If, after the patient is assessed and the nurse is notified of the assessment outcome, there is disagreement between the therapist and nurse about the need for therapy, the therapist must notify a Supervisor. The date, time, and name of the Supervisor notified must be documented in Epic.

Patient Refusal:

- The patient's nurse must be informed of the patient's refusal.
- Reason(s) for patient's refusal and the name of the nurse informed must be documented on the flow sheet.
- After the THIRD (3rd) consecutive patient refusal, the patient's physician must be notified. If the physician is unable to be contacted, a note should be left informing the physician of the patient's refusal. Document in Epic any physician/therapist communication.

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Unavailability of Equipment:

- Perform therapy with a reasonable substitute (i.e. - no Vest, substitute Acapella - no Incentive Spirometer, substitute deep breathing and cough.)
- If appropriate equipment is unavailable, notify the physician and, if possible, suggest reasonable substitute. Obtain physician's order.
- Document the unavailability of equipment on flowsheet if reasonable substitute cannot be used.

- The appropriate reason(s) for therapy being missed must be documented (for each occurrence) in Epic, along with the date and time.

- No exceptions to this policy are to be made without the explicit approval from the Program Manager of Respiratory Care Services.

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