Cleft Palate Humidification

Purpose

To standardize the delivery source of very high humidity to the patient's oropharanyx and help prevent it from drying out.

Policy

Upon receipt of physician's order, Respiratory Care Service will provide appropriate equipment and therapy to maintain adequate humidification.

Accountability/Training

- May be administered by a Licensed Respiratory Care Practitioner.
- Training must be equivalent to the minimal entry level of the Respiratory Care Service Staff with understanding of age specific requirements of patient population.

Physician's Order

Must specify **Cleft Palate Humidification with O_2**, if supplemental O_2 is desired.

Indications

- Cleft palate repair.
- Humidify patient's oropharanyx.

Equipment and Supplies

- Mistogen unit
- Air or Oxygen high pressure hose
- 2 bottles of one liter sterile water

Procedure

Step	Action
1	Verify physician's order. Verify patients I.D.
2	Explain therapy to patient and family
3	Fill reservoir with 2 liters of sterile water
4	Attach either air or oxygen high pressure hose to unit
5	Attach high pressure hose to wall outlet
6	Assure the presence of high density aerosol
7	Place hose directed at patient's face and secured to the head of the bed.
8	Record initial set-up on flow sheet and on RCS treatment card as a Pediatric Cleft Palate Mist as outlined in RCS Policies # 7.1.1 and # 7.1.2.

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Discontinuation of Orders

Patients will be evaluated after every round. A complete pulmonary assessment will be done every 72 hours as indicated. Based on the assessment, the therapist will make recommendations for changes in therapy or discontinuance as needed.

Assessment of Outcome

- Assessment of adequate oral humidification.
- Work or breathing evaluation.

Safety

- Instruct patient and visitors in safety rules for oxygen.
- Safety guidelines as outlined in Section 3.6, of this manual will be followed.

Infection Control

Follow as outlined in the Healthcare Epidemiology Policies and Procedures #2.24; Respiratory Care Services
http://www.utmb.edu/policy/hcepidem/search/02-24.pdf

References

AARC Clinical Practice Guidelines; Bland Aerosol Administration, Respiratory Care; 1993; 38:1196-1200

Fink J, Scanlan CL; Humidity and bland aerosol therapy. In: Scanlan CL, Wilkins RL, Stoller JK, Eds. ., Egan's Fundamentals of Respiratory Care, 8th Edition 2003

Ward JJ, Hess DR, Helmholz HF Jr; Humidity and Aerosol Therapy. In: Burton GG, Hodgkin JE, Ward JJ, Eds. Respiratory Care: A Guide to Clinical Practice. 4th edition. Philadelphia: JB Lippincott; 1997.

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