Chest Physiotherapy Using the Vest

Introduction

Vest therapy is indicated when external manipulation of the chest is the physician’s treatment of choice for increasing the clearance of mucus in patients with pulmonary disorders. The system promotes airway clearance and improves bronchial drainage utilizing High Frequency Chest Compression.

Audience

Accountability/Training

The Vest therapy may be administered by a Licensed Respiratory Care Practitioner trained in the procedure(s). Training must be equivalent to the minimal entry level in the Respiratory Care Service with the understanding of age specific requirements of the patient population treated.

Physician’s Order

Prior to the initiation of Vest therapy the RCP will verify the following as specified in the physician’s orders:

- Type of modality
- Frequency
- Duration

Indications

The following conditions are indications for Vest use:

- Documented need for airway clearance
- Evidence of difficulty with secretion clearance
- Atelectasis caused by or suspected of being caused by mucus plugging
- Diagnosis of disease such as cystic fibrosis, bronchiectasis, or cavitating lung disease
- Need for sputum sample for diagnostic evaluation

Contraindications

The vest is contraindicated if the following conditions are present:

- Head and/or neck injury which has not been stabilized
- Active hemorrhage with hemodynamic instability
- Temporary pacemaker
- Acute pulmonary emboli
- Hemoptysis

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• Empyema
• Pneumothorax untreated
• Percussion over fractured ribs

**Procedure** Once an order has been obtained for vest therapy the RCP will utilize the following outline:

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<tr>
<th>Step</th>
<th>Action</th>
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<tr>
<td>1.</td>
<td>Assemble the vest circuit and the correct size vest. Put the vest on. Connect vest to the PTU (Pulsating Therapy Unit)</td>
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<td>2.</td>
<td>Attach the power cord from the back of the PTU into properly grounded outlet. Connect the hose to the unit. Attach the other end of the hose to the vest.</td>
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| 3.   | **Quick start session**  
(10 minute session with ramping)  
From the start up screen, select Quick Start. Adjust pressure by pressing either down or up. Default pressure is set at 60%. Optimal benefit is derived at the highest pressure settings tolerated. Press pause to temporarily stop the session. When the session pauses, press RUN to resume the session or END to return to the startup screen. |
4. **Auto Pause Session**

   From the start up screen, press Auto Pause.
   
   Adjust pressure by pressing either down or up.
   
   Press Pause to temporarily stop the session.
   
   When the session pauses, press RUN to resume the session or END to return to the startup screen.

5. **Multistep Session**

   Customized therapy with multiple steps and ramping.
   
   Programmable up to 12 steps.
   
   Set at desired pressure per step and adjustable during sessions.

6. **Assessment of Outcome**

   Sound of voluntary or reflex cough mechanic
   
   Increase in the patient’s own ability to clear secretions
   
   Increased tolerance for procedure;
   
   Sputum amount, consistency, color and frequency
   
   Auscultation of chest/Improved Chest X-ray

7. If bronchodilator therapy is prescribed, assemble nebulizer and other equipment needed for therapy
Adverse Effects

Decreased Oxygenation
- Increased ventilatory drive
- Increased Heart rate
- Desaturation

Bronchospasm
- Wheezing
- Short of Breath Pulmonary Hemorrhage
- Frank hemoptysis
- Shortness of breath

In the event the patient demonstrates signs of decreased oxygenation, pulmonary hemorrhage or bronchoconstriction, therapy will be stopped. Assess the situation and do the following:

- Inform the charge nurse
- Inform the physician
- Chart the appropriate information

Further treatments will not be given until the physician is aware of the situation and has provided appropriate orders.

Infection Control

Follow as outlined in:

Follow procedures as outlined Healthcare Epidemiology Policies and Procedures: #2.24 Respiratory Care Services.
Healthcare Epidemiology Policies and Procedures #1.5; Cleaning and Reprocessing of Patient Care Equipment and Medical Devices.
http://www.utmb.edu/policy/hcepidem/search/01-05.pdf

Reference

AARC Clinical Practice Guidelines; Respiratory Care; 1991; 36: 1414-1426

Postural Drainage Therapy

Advanced Respiratory; The Vest Airway Clearance System Instruction Manual

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<th>Chest Physiotherapy Using the Vest</th>
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