

ARROWHEAD REGIONAL MEDICAL CENTER
Respiratory Care Services Policy and Procedure Manual
2019 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy / Procedure Title	Explanation (All New Policies and Major Revisions)
RCSPC2		X			Ventilaator Management Protocol - Guidelines	<p>Management Implications: The “Physician” for the ordering service was clarified as the “Attending Physician.” The statement, “If not ordered within the first 6 hours; the RCP will alert Registered Nurse (RN) / Physician that GI and DVT prophylaxis is indicated.” Was removed per DON request.</p> <p>Management Protocol Guidelines was modified to “Management of Initial Settings Protocol Guidelines” All settings for mechanical ventilation were refined and topics were grouped together to better address management of settings within each category along and documentation requirements. Initial mode selection was clarified to be Assist Control Ventilation Tidal volume: Initial settings were refined, no change to ml/Kg values, and grouped with driving pressure and plateau pressure concerns.</p> <p>Respiratory Rate: Initial rates were established at 10-14 along with management guidelines for adjustments from baseline. Minute Ventilation: Initial goal for minute ventilation was established at 100ml/KG IBW along with management guidelines for adjustments from baseline. Inspiratory Time: Initial times of 0.8-1.4 seconds were established along with management guidelines for adjustments from baseline. Fraction of Inspired Oxygen: Initial FIO2 settings, along with SPO2 and PaO2 target were refined and grouped together.</p> <p>Positive End Expiratory Pressure: Initial settings of a minimum of 5 cmH2O were clarified and grouped with management guidelines to direct titration. Permissive Hypercapnia: Indications remain the same, permissible pH decreased from 7.25 to 7.20 The baseline dose for albuterol was decreased from 8 puffs to 4 puffs, and the liquid nebulizer dose modified from 0.5 ml to 2.5mg of albuterol (standard unit dose). The remainder of the protocol remains essentially the same except for some minor formatting changes.</p>