



Lung volume recruitment is a high-risk procedure that may generate droplets, exposing staff to respiratory pathogens. Appropriate Personal Protective Equipment (PPE) must be applied to reduce exposure to respiratory secretions.

POLICY STATEMENT

A physician order is required prior to initiating Lung Volume Recruitment (LVR) with a modified resuscitation bag. LVR is used to improve peak expiratory cough flow (PCF) and vital capacity (VC) by reaching maximum insufflation capacity (MIC) in patients with paralytic/restrictive disorders. These disorders include spinal cord injuries and neuromuscular diseases such as ALS, Guillain-Barré Syndrome (GBS), myasthenia gravis, muscular dystrophy, multiple sclerosis, post polio, kypho-scoliosis, and syringomyelia.

DEFINITIONS

Assisted Cough Manoeuvre:

A manually Assisted Cough Manoeuvre involves the application of an abdominal thrust or costal lateral compression using various hand placements after an adequate spontaneous inspiration or maximal insufflation.

FEF Max:

The maximum Forced Expiratory Flow rate (FEF) measured during a Force Vital Capacity (FVC) manoeuvre.

GPB: Glossopharyngeal Breathing (GPB) is a method of breathing, which consists of stroke-like action of the tongue along with constricting action of the pharynx pumping air through the larynx into the lungs.

LVR: Lung Volume Recruitment (LVR) refers to breath stacking, techniques allowing a maximum insufflation capacity.

MIC: The Maximum Insufflation Capacity (MIC) measurement (litres) is the maximum volume of air stacked within the patient's lungs beyond spontaneous vital capacity. MIC is attained when the patient takes a deep breath, holds his breath and then breath stacking is applied using a LVR resuscitation bag, a volume ventilator or glossopharyngeal breathing (GPB). When measuring a MIC, the therapist should assist the patient with his/her optimal insufflation technique, introduce the spirometer in the post mode and instruct the patient to completely exhale the MIC volume through the spirometer. *The documented volume must be clearly identified as a MIC and not a post bronchodilator study.*

PCF: Peak Cough Flow (PCF) is measured by using a peak flow meter. The PCF is the velocity of air being expelled from the lungs after a **cough** manoeuvre. This measurement can be expressed in L/min or L/sec (L/min divided by 60). It is useful to measure:

- spontaneous PCF (PCF sp)
- PCF from MIC (PCF bag, PCF vent, or PCF gpb)
- PCF from MIC with an assisted cough timed with the cough (PCF bag & assist, PCF vent & assist or PCF gpb & assist)

Respiratory Therapy Policies And Procedures Manual

J M Cairo



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Current Catalog National Library of Medicine (U.S.), 1993 First multi year cumulation covers six years 1965-70

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Table of Contents Respiratory Therapy Policies And Procedures Manual

1. Understanding the eBook Respiratory Therapy Policies And Procedures Manual
 - The Rise of Digital Reading Respiratory Therapy Policies And Procedures Manual
 - Advantages of eBooks Over Traditional Books
2. Identifying Respiratory Therapy Policies And Procedures Manual
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Respiratory Therapy Policies And Procedures Manual
 - User-Friendly Interface
4. Exploring eBook Recommendations from Respiratory Therapy Policies And Procedures Manual
 - Personalized Recommendations
 - Respiratory Therapy Policies And Procedures Manual User Reviews and Ratings
 - Respiratory Therapy Policies And Procedures Manual and Bestseller Lists
5. Accessing Respiratory Therapy Policies And Procedures Manual Free and Paid eBooks

- Respiratory Therapy Policies And Procedures Manual Public Domain eBooks
- Respiratory Therapy Policies And Procedures Manual eBook Subscription Services
- Respiratory Therapy Policies And Procedures Manual Budget-Friendly Options
- 6. Navigating Respiratory Therapy Policies And Procedures Manual eBook Formats
 - ePub, PDF, MOBI, and More
 - Respiratory Therapy Policies And Procedures Manual Compatibility with Devices
 - Respiratory Therapy Policies And Procedures Manual Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Respiratory Therapy Policies And Procedures Manual
 - Highlighting and Note-Taking Respiratory Therapy Policies And Procedures Manual
 - Interactive Elements Respiratory Therapy Policies And Procedures Manual
- 8. Staying Engaged with Respiratory Therapy Policies And Procedures Manual
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Respiratory Therapy Policies And Procedures Manual
- 9. Balancing eBooks and Physical Books Respiratory Therapy Policies And Procedures Manual
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Respiratory Therapy Policies And Procedures Manual
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Respiratory Therapy Policies And Procedures Manual
 - Setting Reading Goals Respiratory Therapy Policies And Procedures Manual
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Respiratory Therapy Policies And Procedures Manual
 - Fact-Checking eBook Content of Respiratory Therapy Policies And Procedures Manual
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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