



Mechanical insufflation-exsufflation is a high risk procedure and 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 the mechanical insufflation-exsufflation (MI-E) device. The MI-E is an *alternative to traditional suctioning* providing decreased mucosal trauma and increased patient comfort. Principally, the MI-E is for patients who are unable to cough or clear secretions effectively due to reduced peak cough flow (less than 3 litres per second or 180 L/min) resulting from spinal cord injuries (SCI) 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.*

MI-E: The Mechanical Insufflation-Exsufflation (MI-E) unit gradually applies a positive pressure to the airway, and then rapidly shifts to a negative pressure. This rapid shift in pressure produces a high expiratory flow rate from the lungs, simulating a cough.

Respiratory Therapy Policy Procedure Manual

SA Adler



Respiratory Therapy Policy Procedure Manual:

Hospital Respiratory Therapy Policy and Procedure Manual Gary Lee Stanley, 1978

Respiratory Care, 1996

Respiratory Care Dean Hess, 2011-08-24 A new edition of the classic text is for respiratory care students who desire a complete and up to date exploration of the technical and professional aspects of respiratory care With foundations in evidence based practice this resource reviews respiratory assessment respiratory therapeutics respiratory diseases basic sciences and their application to respiratory care the respiratory care profession and much more Edited and authored by leading experts it incorporates the latest information on the practice of respiratory care into a well organized reader friendly guide to help students learn to develop care plans critical thinking skills strong communication and patient education skills and the clinical leadership skills needed to succeed This text provides essential information in a practical and manageable format for optimal learning and retention Features include Clinical Practice Guidelines Key Points and Respiratory Recaps to help students apply knowledge to practice and retain key information as well as hundreds of glossary terms with clear definitions and concise explanations of important concepts and equations Also includes full color photos and illustrations and content cross referencing the NBRC examination matrices

Pilbeam's Mechanical Ventilation - E-Book James M. Cairo, 2023-06-13 Selected for Doody's Core Titles 2024 in Respiratory Therapy Ensure you understand one of the most sophisticated areas of respiratory care with Pilbeam's Mechanical Ventilation Physiological and Clinical Applications 8th Edition Known for its simple explanations and in depth coverage of patient ventilator management this evidence based text walks you through the most fundamental and advanced concepts surrounding mechanical ventilation and helps you understand how to properly apply these principles to patient care This new edition is an excellent reference for all critical care practitioners and features coverage of the physiological effects of mechanical ventilation on different cross sections of the population Additionally user friendly features promote critical thinking and clinical application such as key points AARC clinical practice guidelines critical care concepts and updated learning objectives UNIQUE Ventilator Associated Pneumonia chapter presents in depth comprehensive coverage on this very challenging issue Critical Care Concepts present short questions that challenge you to apply knowledge learned to difficult concepts Brief patient case studies list pertinent assessment data and pose a critical thinking question to test your content comprehension Key Points draw attention to pivotal concepts and highlight important information as topics are addressed Intended for classroom or small group discussions Clinical Scenarios offer a more comprehensive patient scenario that covers patient presentation assessment data and treatment options Logical sequencing of chapters builds on previously learned concepts Comprehensive Learning Objectives provide a clear concise listing of what you need to learn in the chapter Bulleted end of chapter summaries help assess comprehension and guide study efforts Excerpts of Clinical Practice Guidelines developed by the American Association for Respiratory Care AARC are presented in a convenient reader friendly format Chapter outlines provide a big picture of the

chapter content NBRC style end of chapter review questions reinforce the very difficult concept of mechanical ventilation with practice that focuses on certification exam success Glossary of mechanical ventilation terminology provides definitions for highlighted key terms in each chapter UPDATED Revised content throughout reflects the latest standards of respiratory care

The Children's Hospital of Philadelphia Manual of Pediatric Nursing Policies, Procedures & Personnel
Children's Hospital of Philadelphia, Eileen M. Sporing, Mary K. Walton, Charlotte E. Cady, 1984

Pilbeam's Mechanical Ventilation - E-Book J M Cairo, 2013-12-27 Applying mechanical ventilation principles to patient care Pilbeam's Mechanical Ventilation Physiological and Clinical Applications 5th Edition helps you provide safe appropriate and compassionate care for patients requiring ventilatory support A focus on evidence based practice includes the latest techniques and equipment with complex ventilator principles simplified for optimal learning This edition adds new case studies and new chapters on ventilator associated pneumonia and on neonatal and pediatric mechanical ventilation Starting with the most fundamental concepts and building to the most advanced expert educator J M Cairo presents clear comprehensive up to date coverage of the rapidly evolving field of mechanical ventilation Excerpts of Clinical Practice Guidelines developed by the AARC American Association for Respiratory Care make it easy to access important information regarding indications contraindications hazards and complications assessment of need assessment of outcome and monitoring Case Studies with exercises and Critical Care Concepts address situations that may be encountered during mechanical ventilation Learning objectives at the beginning of each chapter help in accurately gauging your comprehension and measuring your progress Chapter outlines show the big picture of each chapter's content Key terms are listed in the chapter opener then bolded and defined at their first mention in the text Key Point boxes highlight need to know information NBRC exam style assessment questions at the end of each chapter offer practice for the certification exam

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Albert Heuer, Louis Sinopoli, 2010-11-15 Certified Respiratory Therapist Review Guide is a comprehensive study guide for respiratory therapy students and graduates of accredited respiratory therapy education programs who are seeking to take the entry level Certified Respiratory Therapist CRT credentialing exam from the National Board for Respiratory Care NBRC This unique review guide devotes extensive coverage to two problematic areas for credentialing exam candidates which are not covered in any of the other texts 1 test taking skills and 2 key points to remember in taking the NBRC computerized exams Special emphasis is also given to material and subject areas which have proven to be especially challenging for exam candidates such as basic pulmonary function testing arterial blood gas ABGs interpretation monitoring critically ill ICU patients neonatal and pediatric care recommending modifications to therapy and more Certified Respiratory Therapist

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Comprehensive Respiratory Therapy Exam Preparation Guide (book) Craig L. Scanlan, Al Heuer, 2013-09-09 The Ultimate Review Guide for the CRT RRT and CSE Exams Continuous Up to date NBRC Examination Guidelines and Correlations on Companion Website Comprehensive Respiratory Therapy Exam Preparation Guide Second Edition is a comprehensive study guide for respiratory therapy students and graduates of accredited respiratory therapy education programs who are seeking to take the Certified Respiratory Therapist CRT or Registered Respiratory Therapist RRT credentialing exams from the National Board for Respiratory Care NBRC Comprehensive Respiratory Therapy Exam Preparation Guide Second Edition is reflective of the current CRT RRT and CSE exam matrix and authored by experts who take the credentialing exam annually so you can be confident that the content and format of this guide is current Important

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Medicare Hearings on Controlling Costs and Improving Care United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 1995

Resources in Education, 1990

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