

Directors' Forum Results – Patients on Ventilator Support

Respondent:	Q1: Do your rehab therapists disconnect and re-connect ventilator tubing in order to raise/lower bed rails, or to move a patient from the bed –in the absence of direct medical or nursing supervision?	Q2: If so, do you have a Job Aid, or other document(s), outlining under what circumstances it can be done (i.e., patient status, verbal checks with nursing, documentation, etc.)	Q3: If so, have your therapists received any formal training from Respiratory Therapy or another entity, including competency checks?	Q4: If not, what is your procedure for obtaining assistance with ventilated patients to re-route tubing for repositioning or removing the patient from the bed? Do you have a formal document outlining the procedures?	Q5: Does your internal Scope of Service document address this particular scenario?
A	No – only if it falls off and they put it back on.	N/A	N/A	They have the nurse present to help.	No
B	Yes. If the tubing goes through the railing we disconnect and reconnect the vent tubing. Typically if removing the vent during a transfer is necessary, a nurse is present assisting with the transfer. We only remove the vent if the patient is able to breath on their own for specific periods of time.	I am not sure about a document. We have been told disconnecting was OK by respiratory.	Yes, we have we have a ventilator basics module on our yearly competencies. We also have received an in-service.	Not applicable. We have received training.	I do not believe we have this document.
C	Yes	No. We clarify patient status with nursing staff prior to therapy session.	No, trained by RN/ staff mentor	Our staff do disconnect and re-connect; however if assistance is needed this is provided by RN staff.	No
D	Yes	It is part of our orientation and training once hired for Inpatient therapy. Our orientation process	Yes, we attend class with a Respiratory therapist and then have 4 check outs for making	Before a therapist completes test out with the Respiratory therapist, they are required to have a nurse or respiratory therapist disconnect/reconnect	Our IP job descriptions reflect this.

		requires a therapist to complete a cognitive and psychomotor piece of training for this, plus the therapist has a Supervisor, Senior, or assigned staff therapist who works with them on this for their first 90 days of hire.	ventilators portable and to demonstrate suctioning of patients. We are currently looking at revising which patients can be suctioned depending on complexity and the activity being done, i.e. Speech may be able to suction certain patients if performing feeding or applying an PMV, vs PT who might have the nurse suction prior to going to the gym for therapy.	perform this action.	
E	Yes, we train staff to do this without nursing or medical supervision	No. If a patient is stable enough to get out of bed they are stable enough for a therapist to move their tubing	We do formal training with respiratory for suctioning and emergency trach changes but not to move tubing	No formal document. It is fairly straight forward	No
F	Currently on our inpatient unit, therapists do not connect or disconnect ventilator circuits unless they dislodge during a session.	N/A	N/A	Nursing or Respiratory therapy assists in moving lines prior to and after therapies. Our staff does receive orientation by the respiratory therapist in regards to the ventilator, pulse oximeters, oxygen, and what to do in an emergency.	N/A
G	Yes for OT and PT; No for SLP.	No	No formal training with RT. Receive hands on training by	If the therapist is not skilled they ask the RN or RT to assist. We do not have formal	No

			other therapists experienced with this population but no competency checks	documentation	
H	Yes	No	Yes		No
I	Yes	No	Training from pulmonary nurse on trachs, annual updates/check off at skills labs, unit nurses help when there are questions	N/A	No