

**Clinical Respiratory Policy Review (please submit policies for the items outlined on check sheet below)**

Agency Name:

City:

Date:

<b>Policies &amp; Procedure Review</b>	
<b>Clinical Respiratory 10A NCAC 13J. 1109</b>	
	Scope of Services Service Availability
	Initial Assessment/Evaluation Re-Assessment Plan of Care Plan of Care Review/Revision Changes in Patient Condition Guidelines for Notifying MD Guidelines for Documentation Guidelines for Patient & Family Education
	Patient Referrals Patient Discharges
	Competency verification, skills validation of respiratory therapists.
	Physician Orders Guidelines for Reporting Abnormal Test
	Chest Physiotherapy Postural Drainage
	Ventilator Management <ul style="list-style-type: none"> <li>• Assessment of Vent Dependent Patients</li> <li>• Ventilator Monitoring</li> <li>• Responding to Ventilator Warning Signals</li> <li>• Modes of Ventilation (Adult) (Pediatric)</li> </ul>
	Medication Administration/ Aerosolized Medication. <ul style="list-style-type: none"> <li>• Mucolytics</li> <li>• Bronchodilators</li> <li>• Corticosteroids</li> <li>• Cromolyn Sodium</li> </ul>
	Sputum Collection
	Oxygen Administration <ul style="list-style-type: none"> <li>• Oxygen Safety</li> <li>• Nasal Cannula, Mask</li> <li>• Tracheostomy Care/Suctioning</li> <li>• CPAP/BiPAP</li> <li>• Pulse Oximetry</li> </ul>



**Personnel Record Review**

<b>Personnel</b>		Respiratory Therapist	Respiratory Therapist	Respiratory Therapist Assistant
	Employee Name			
	Job Title			
	Signed Job Description			
	Application (or resume)			
	Hire Date			
	License Verification			
	HCPR check			
	Skills Validation			
	Blood borne Pathogen training			
	Hep B			
	PPD/TB			
	Orientation			
	Reference check(s)			
SBI/signed authorization				