Position Statement

Delivery of Care by Respiratory Therapists for Patients Receiving High Acuity Care in Skilled Nursing Facilities

Skilled nursing facilities are increasingly becoming venues for the management of patients who require a wide array of respiratory therapy services. High acuity in a skilled nursing facility includes respiratory patient assessments, mechanical ventilator management, tracheostomy management, monitor life support systems, administer medical gases and inhaled medications, pulmonary rehabilitation, and perform diagnostic testing. Skilled nursing facilities should recognize the clinical value provided to patients by a respiratory therapist who are able to render the complete spectrum of services that respiratory therapists are educated, and competency tested to provide.

The American Association for Respiratory Care (AARC) recommends that skilled nursing facilities employ respiratory therapists as for patients with high acuity respiratory care needs. Additionally, the following basic standards are recommended to ensure the safe and efficient delivery of respiratory therapy services in skilled nursing facilities delivering ventilator and/or high acuity respiratory care:

1. Respiratory Therapists licensed by the state in which they are practicing, if applicable, will be on site at all times to provide respiratory patient assessments, mechanical ventilator management, tracheostomy management, monitor life support systems, administer medical gases and inhaled medications, pulmonary rehabilitation and perform diagnostic testing.
2. Pulmonologists, or licensed physicians experienced in the management of patients requiring respiratory care services (mechanical ventilation), will direct the plan of care for patients requiring respiratory therapy services.
3. The facility will establish admission criteria to ensure the smooth transition of care and the medical stability of patients prior to, during and after transfer from an acute care setting.
4. Facilities will be equipped with technology that enables it to consistently provide respiratory therapy, patient portability, and rehabilitation to support quality of life.
5. Clinical assessment of oxygenation and ventilation – arterial blood gases or other methods of monitoring carbon dioxide and oxygenation – will be available on site for the management of patients receiving respiratory therapy services at the facility.

6. Emergency and life support equipment, including mechanical ventilation, will be connected to electrical outlets with backup generator power in the event of power interruptions.
7. Ventilators will be equipped with internal batteries to provide short-term back-up systems in case of total interruptions of power.
8. An audible, redundant ventilator alarm system will be located outside the room of a patient requiring mechanical ventilation to alert caregivers of all ventilator alarm conditions.
9. An adequate supply of backup ventilators will be available at all times that mechanical ventilation is being provide to patients.
10. Daily monitoring of the medical gas supply systems with a backup supply of at least 24 hours on site and a plan for addressing prolonged interruptions.

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P.O. Box 630007, Irving, Texas 75063
T: 972.243.2272 W: www.aarc.org