

Respiratory Therapy Protocols

It is the position of the American Association for Respiratory Care that institution-approved protocols should be used by respiratory therapists as the facility's standard of care.

A thorough patient assessment by respiratory therapists is the cornerstone for the effective implementation of protocols. Respiratory therapists can initiate or modify a patient's plan of care following a predetermined and structured set of orders under the protocol placed by a prescriptive provider (i.e., Advance Practice Provider (APP) and MD/DO). Protocols include instructions or interventions in which the respiratory therapist is empowered to initiate, refine, transition, discontinue, and restart therapy as the patient's medical condition dictates. Protocols are generally written in algorithmic form, are based on existing scientific evidence and expert consensus^{1,2,3,4,5,6,7}, and include guidelines and options at decision points along with clearly stated outcome objectives.

Current medical literature supports the use of respiratory therapy protocols as an effective tool for delivering and improving both patient outcomes and the appropriate allocation of services.^{8,9}

References:

1. Ely EW, Bennett PA, Bowton DL, et. Al. Large scale implementation of a respiratory therapists-driven protocol for ventilator weaning. *Am J Respir Crit Care Med* 1999;159(2): 439-446
2. Harbrecht BG, Delgado E, Tuttle RP, et al.. Improved outcomes with routine respiratory therapist evaluation of non-invasive-care-unit surgery patients. *Respir Care* 2009;54: 861-7
3. Kallam A, Meyerink K, Modrykamien AM. Physician-ordered aerosol therapy versus respiratory therapist-driven aerosol protocol: the effect on resource utilization. *Respir Care* 2013; 58:431-7
4. Modrykamien AM, Stoller JK. The scientific basis for protocol-directed respiratory care. *Respir Care* 2013;58:1662-8
5. Daily RT, Malinowski T, Baugher M, et. al. Impact of a respiratory therapy Assess-and-Treat protocol on adult cardiothoracic ICU readmissions. *Respir Care* 2017;62: 517-23.
6. Kollef MH, Shapiro SD, Clinkscale D, et. al. The effect of respiratory therapist-initiated treatment protocols on patient outcomes and resource utilization. *Chest* 2000;117:467-75.

7. Acevedo RA, Fascia W, Pedley J, et. al. How to create a Primary Respiratory Care Model. CHEST 2023;163(4):902-910.
8. AARC Issue Paper: Determining the Value-Efficiency of Respiratory Care, 2021.
9. AARC Safe and Effective Staffing Guideline, 2021.

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