

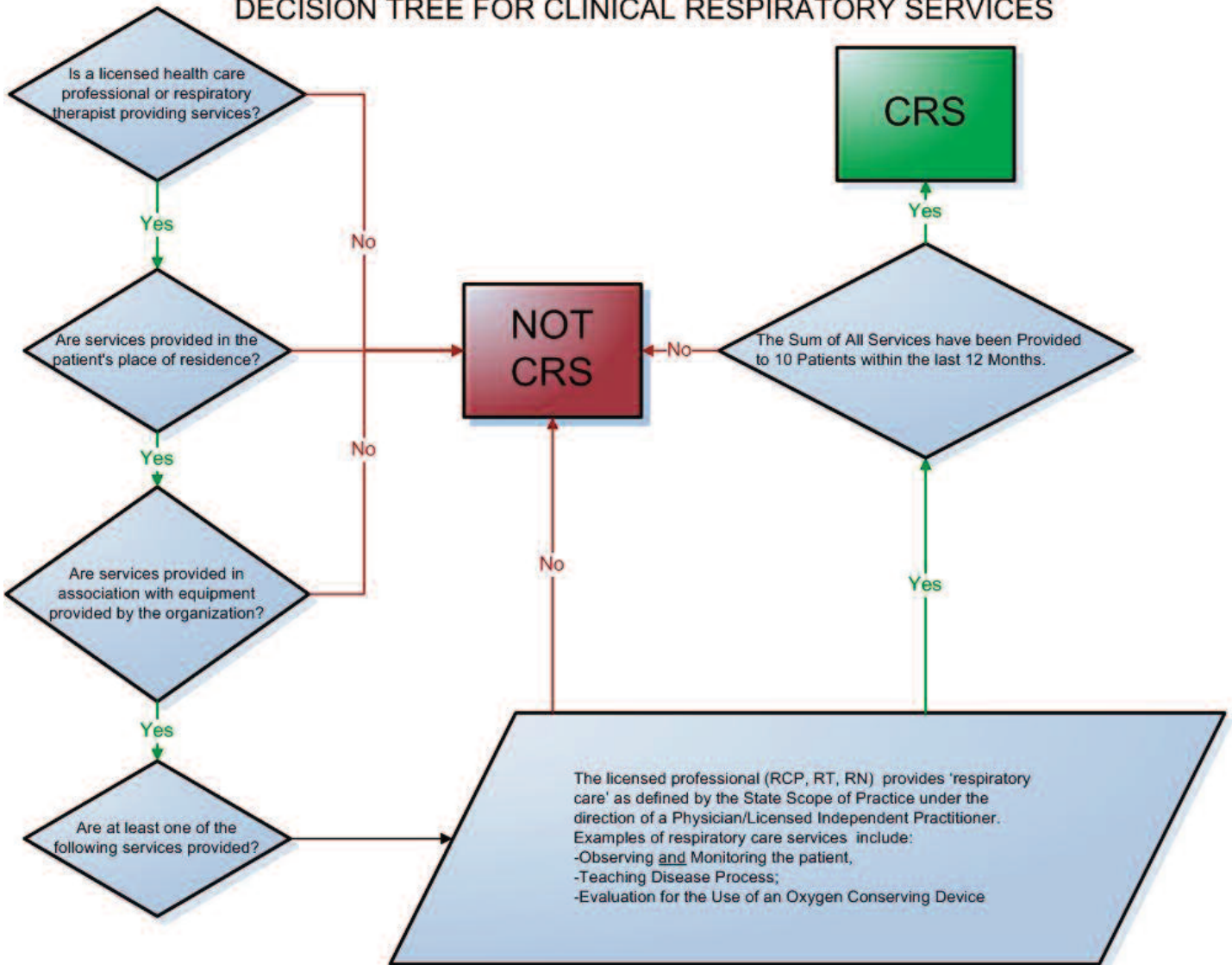
Is Your Organization Providing Clinical Respiratory Services?

This flyer can help you determine if the specific services your organization provides meet The Joint Commission's definition of Clinical Respiratory Services. See the reverse side for a decision tree.

No, Not Clinical Respiratory Services	Yes, Clinical Respiratory Services
The Respiratory Care Practitioner (RCP) fits a patient for a CPAP mask in an outpatient clinic, M.D. office.	The Physician orders the Respiratory therapist to set up an apnea monitor and teach the family how the monitor works to alert them that their child is not breathing. The therapist also teaches the family how to safely position the child and determine if the child's breathing pattern indicates a need to see the doctor.
The home care technician drops off a box and then shows the patient how to put on the finger probe for an overnight pulse oximeter. The next day the box is retrieved from the patient's home and the information is downloaded to the clinic where the doctor will interpret the results.	The Respiratory Care Practitioner receives an order from the physician to conduct a respiratory therapy assessment on a patient scheduled for lung transplant surgery; so that he/she can recommend to the doctor, the respiratory equipment the patient may need in his home after surgery.
The RN or Respiratory Care Practitioner (RCP) visits the patient and does a pulse oximeter (pulse ox) as part of taking the patient's vital signs.	The RCP is ordered to see the patient twice a week for 2 weeks to teach the patient about sleep apnea, fit her for her CPAP and evaluate how she is progressing.
The Respiratory Therapist employed by the pharmacy instructs the patient how to use their nebulizer before they leave the facility.	The Respiratory Therapist visits the patient, on the order of the physician to evaluate the patient to see if the patient should be switched to a BiPap machine.
The RCP checks the patient's oxygen saturation using a pulse ox to ensure the patient is getting enough oxygen.	On the orders of the Nurse Practitioner, the RCP evaluates a patient for the use of a pulse dose system so that the patient can return to work part-time.
The home care technician teaches a patient how to switch over to their portable oxygen set up.	The RCP downloads and evaluates the results of an overnight oximetry that was done on a patient. The RCP calls and discusses the results with the physician who provides additional orders to change the CPAP set up and bleed in oxygen.
The Respiratory Therapist does a pulse ox to determine if the patient is getting enough oxygen. Some time later, the doctor says increase the oxygen to 3 liters per minute (LPM) and the home care technician visits to deliver additional portable cylinders and ensure the flow rate is set correctly at 3 LPM.	The Respiratory Therapist, on the orders of the physician, visits the patient's home to teach the patient and family how to administer the nebulized morphine and how the medication works to alleviate the patient's air hunger.
<p>FAQ: <i>Is a physician/licensed independent practitioner's order required for the use of a pulse oximeter?</i></p>	
<p>ANS: No, not unless required by State Law/Practice Act. Currently, there are no Federal Regulations, including FDA, that compel an appropriately licensed professional to get an order.</p>	
<p>FAQ: <i>Does the use of a pulse oximeter, one time or occasionally, mean that the patient is receiving clinical respiratory services?</i></p>	
<p>ANS: No. Use the decision tree provided on the reverse side to determine if the individual qualifies as a patient receiving clinical respiratory services.</p>	

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DECISION TREE FOR CLINICAL RESPIRATORY SERVICES



For additional questions please contact us directly at 630.792.5251.