



OPEP/PAP flowchart

patient assessment perform I.S. or TV with patient

exclusion criteria:

hemodynamic instability or untreated pneumothorax



respiratory assessment goals:

- Clear and or improved BS
- SpO2 >92 on 2 lpm or less
- Improved Chest X-ray with decreased atelectasis
- Improved consolidations per CXR
- Pt. performing I.S. and or TV
 > 10 ml/kg on own
- Ability to mobilize secretions

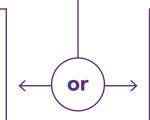
is the I.S. or TV volume achieved > 10 ml/kg ideal body wt.?



which list of questions best describes the pt.'s situation?

- Instruct pt. to continue Q1 to Q2 hour
- Encourage to sit or ambulate and to deep breathe and cough
- Instruct pt. and RN of I.S. goal, If difficulty achieving this goal, have RT reassess at any point of admission

- Does pt. have difficulty taking a deep breath?
- Will pt. require assistance w/ positioning and use of therapy?
- Does pt. have limitations with breathing due to neuromuscular or diaphragmatic concerns?
- Does pt. have difficulty clearing secretions?
- Are there documented atelectatic changes or issues for prevention?



- Does pt. have frequent or thick secretions?
- Does pt. have rhonchi on BS?
- Will this condition likely continue at home or require home prophylaxis?
- Can pt. take a slow and effective or deep breath?
- Does pt. have difficulty clearing secretions?



- Consult Physician or Protocol
- Recommend PAP Q 4 x 48 hrs., then reassess I.S. or TV, BS, X-ray (if available)
- Ability to take a deep breath, mobilize secretions

- Consult Physician or Protocol
- Recommend OPEP Q4 x 48 hrs., then reassess I.S. TV, BS, and X-ray (if available)
- Ability to mobilize secretions

Note: If pt. is wheezing, consider recommending that a bronchodilator treatment be added with any recommended therapy. Thick tenacious secretions may require a mucolytic.

