

## SERVICES REQUIRED BY PATIENTS WHO USE E0464 VENTILATORS

### Prescription

A prescription may read “titrate to patient comfort” with perhaps an order for beginning settings. The settings are at the professional discretion of the RCP because the prescribing physician, not being present, is not able to determine the settings that the patient can comfortably breathe with.

### Assessment and re-assessments can include

- Breath sounds
- Pulse oximetry
- End tidal CO<sub>2</sub>
- Vital capacity
- Mouth breather vs. nose breather
- Physical ability of the patient
- Ability to swallow & clear secretions
- Communication skills
- Family support

### Treatment can be divided into different phases

#### Pre – Set Up – Preparation

- Obtain prescription, assist with initial setting selections
- Obtain all relevant clinical documentation as required for insurance qualification
- Home assessment, suitability for and other equipment
- Teach patient and/or caregiver proper use, care and maintenance of equipment and supplies

#### Phase 1 Treatment: Initial Set-up

- Expertly fit patient with 1 to 2 comfortable interfaces (mask/headgear attachments). Give patient an informed choice. One model and size does not fit all, so a varied inventory of interfaces in many sizes must be available.
- Determine the initial comfortable settings which include: IPAP, EPAP, Timed Back-up Rate, Rise Time, Minimum IPAP Time, Maximum IPAP Time, Alarm parameters & Sensitivity (ventilators from different manufacturers vary). In order to acclimate an anxious patient, the initial settings may be “trainer wheels”.
- Assess need for heated humidifier.
  - Educate and instruct the patient & family on use, maintenance, cleaning and filter changes.
  - Have patient demonstrate understanding of instructions

#### Phase 2 Treatment: Fine Tuning (after about a week)

- Make phone calls to assess patient progress after a day or two
- Increase settings to therapeutic levels

- Assess need to change interfaces
- Assess need to add Heated Humidifier
- Review instructions

### **Phase 3 Treatment: Stable Times Monitoring**

- Phone calls
- Home visits with patient assessment
- Check settings for accuracy
- Replace or fit with new interface
- Filter changes

### **Phase 4 Treatment: Deteriorating Condition Changes or Acute Illness Changes**

- Home visit with patient assessment: Some patients (like some with ALS) can no longer leave their home without the aide of a chair lift, which they may not have
- Communicate with physician and other healthcare providers
- Change settings
- Provide different interface
- Make recommendations for further treatment

### **Documentation & Communication**

Documentation of data & details of all visits and phone calls are kept and forwarded to the prescribing physician. Phone calls are made to the prescribing physician and other related healthcare providers when appropriate.

### **Other Unpaid Services Sometimes Provided**

- Airway Clearance and Chest Range of Motion
- Assess patient's ability to clear airway through Peak Cough Flow
- Provide Ambu Bag and instruct on:
  - Breath Stacking for Chest Range of Motion
  - Breath Stacking with abdominal thrust for airway clearance
- Patient & Family Counseling on sensitive subjects such as:
  - Tracheostomy
  - Hospice
- RCPs on call 24/7
- Provide back-up units to patient who progress to needing RAD 20+ hours/day
- Provide inverter to power ventilator in an automobile
- Provide battery to power ventilator on wheelchair