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The Use of Therapist Driven Protocols for Assessment of Respiratory Distress in the Emergency Room

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Abstract

One of the difficulties of a Respiratory Therapist (RT) in the Emergency Department (ED) is treating people with respiratory distress as soon as possible. In some cases, when it is busy the doctors may not be able to evaluate soon enough for treatment. In these cases it is better for the RT to be proactive, rather than reactive within the ED. So a scale/ model was made to be used for therapists to diagnosis and to start treatments/ BiPAP (with a doctors approval), to prevent the patient to be intubated or admitted.

Based on a shortness of breath (SOB) scale; the RT can determine how severe the patient's distress is from four different SOB levels. Also this guideline is both objective and subjective scale. And with this feedback the RT can treat the patient with treatments/ BiPAP or intubation.

Setting: Critical Care ED (10 beds), and an Acute ED (50 beds).

Conclusion: With the development and use of this scale we increased the use of BiPAPs from 5% to about 70% of the patients, and reduced intubations by almost 50%. A combination of assessment by the RT and doctor's input we still use this guideline in some manner to this day and showing improvement in the treatment of respiratory distress in the ED.