

THE PLAN OF CARE FOR THE HOME RESPIRATORY

CARE PATIENT *by Jim Stegmaier, RRT-NPS, RPFT, CCM*



When providing clinical services to a home respiratory care patient a plan of care needs to be developed and put into action. A plan of care is a document which provides an individualized approach of how care and services will be provided to that particular patient. Clinical respiratory services in homecare are defined by the JCAHO as services provided by a respiratory therapist in the patient's residence in association with home medical equipment. This includes, but is not limited to, assessment, testing, treatment, education and monitoring of the patient's respiratory status. Many practitioners have a misunderstanding of what clinical respiratory services are. The belief is that clinical respiratory services is an on going process of assessing and monitoring patients over a period of time which is true in cases involving mechanical ventilation or non-invasive positive pressure ventilation, for example. However, clinical respiratory services by definition have been performed if the respiratory professional performs something as simple as pulse oximetry on a patient during the initial setup of equipment. Anytime clinical respiratory is performed, standards require the development of a plan of care for the patient.

A plan of care contains many elements to be completed and include patient assessment, environmental assessment, evaluation of the patient/caregivers ability to operate prescribed equipment, education, potential problems, goals for the patient and an action plan to meet those goals.

The patient assessment is non-invasive in nature but requires a physician order for pulse oximetry and any assessment after the initial visit. The clinician should obtain a complete patient history including all diagnosis, allergies, any pain issues and a complete medication profile including both prescription and over the counter medications taken by the patient. A physical assessment of the patient would include in most cases heart rate, respiratory rate, color, work of breathing, signs of hypoxia, breath sounds, sputum production and pulse oximetry. If there is a need for ongoing physical assessment of the patient, the physician should be sent a copy of the plan of care. Written orders for these assessments also need to be obtained. A functional assessment consisting of evaluation of the patient's sight, hearing, speech and the ability to ambulate is performed to identify if there are any issues which could prevent the patient from safely and/or appropriately utilizing the prescribed home respiratory care equipment. The final portion of the patient assessment is the patient's psychosocial evaluation. This appraisal is employed to evaluate the patient's ability to grasp the educational and training necessary to safely operate the home medical equipment. This would include the patient's mental status, the patient's current knowledge of their diagnosis and treatment, their ability to cope with the changes occurring due to their health status and an assessment as to whether religious or cultural practices require changes to the plan of care.

The environmental assessment asks two questions. Can the prescribed medical equipment be safely operated and is the environment safe? The residence should be examined to insure that the electrical system in the home can accommodate the prescribed equipment. Equipment should not be plugged into outlets with exposed wiring or used with extension cords. The home should be evaluated to determine if there is an area to appropriately store any supplies insuring protection from extreme temperatures, out of direct sunlight and with proper ventilation. The environment should also be reviewed for areas of poor lighting, poor walking spaces (loose floor boards, uneven floors, wet floors, loose rugs, etc.) and loose or missing handrails on stairs. Any environmental concerns the health care professional has regarding the residence should be reviewed with the patient/caregiver and a corrective action plan for the issue developed. A listing of community resources should be maintained in order to assist patients in correcting any problem if the patient does not have the financial resources to correct an environmental safety issue.

The education provided the patient and any caregivers should be documented on the plan of care. Education should include operation of the prescribed equipment according to the manufacturer's guidelines and physician's orders, cleaning and maintaining respiratory equipment, infection control, fire safety, environmental safety, safe storage of supplies and disaster preparedness including loss of electrical power and proper usage of any backup equipment or procedures.

All identified problems should be documented in the plan of care and include a course of action to correct the problem.

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Problems often are identified from both the patient and environmental assessments. Vision problems or a patient who speaks limited or no English, for example, may hinder education and proper operation of the prescribed equipment. An environmental problem may be as simple as noting multiple trip hazards in the residence with the solution being as simple as rearranging some furniture or other items within the residence.

Plans of action to correct issues should consider *when* a problem will be corrected, and when achieved, added to the plan of care.

The plan should be reviewed each time the respiratory professional interacts with the patient and updated to reflect the most current information regarding the patient and their environment. This is critical, as the goal of a plan of care is to provide a guide to all members of the home care organization. A clinician unfamiliar with the patient should be able to read the plan of care and have the necessary information to work with the patient on any issue.

A plan of care is never complete until the patient is discharged from services with the organization but this document should not be simply placed in a patient's medical record and forgotten about. Regular reviews at specific intervals of the plan of care are needed to insure the needs of the patient continue to be met as their healthcare and lifestyle needs change. Positive outcomes for the patient are the goal of all respiratory care professionals working in home care and with the appropriate utilization of the plan of care this can assured.

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As educators and pediatric professionals begin to realize the importance of these sleep screenings and observe the significant student healthcare and academic improvements post-correction of a child's sleep disorders, they will be very excited about the positive implications of conducting large-scale screenings of "at risk children" for sleep problems/disorders. Since parents of these students will not be willing to wait six months to a year to have a comprehensive sleep evaluation for their child, sleep specialists and insurance companies need to begin preparing now for this pediatric referral onslaught and sleep business opportunity. As insurance companies are provided documented results about the long-term health savings they will reap from early identification and correction of pediatric sleep disorders, they will improve their policies on reimbursement fees to those sleep labs that provide pediatric sleep services.

As a sleep specialist, begin now to prepare and do your part to train decision-makers at insurance companies, educators and pediatric specialists to understand the health, safety, educational, and financial benefits of early identification and correction of pediatric sleep disorders. That effort will save many "at risk" children and the community many millions of dollars, while providing additional growth and revenue opportunities for your sleep lab businesses.

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