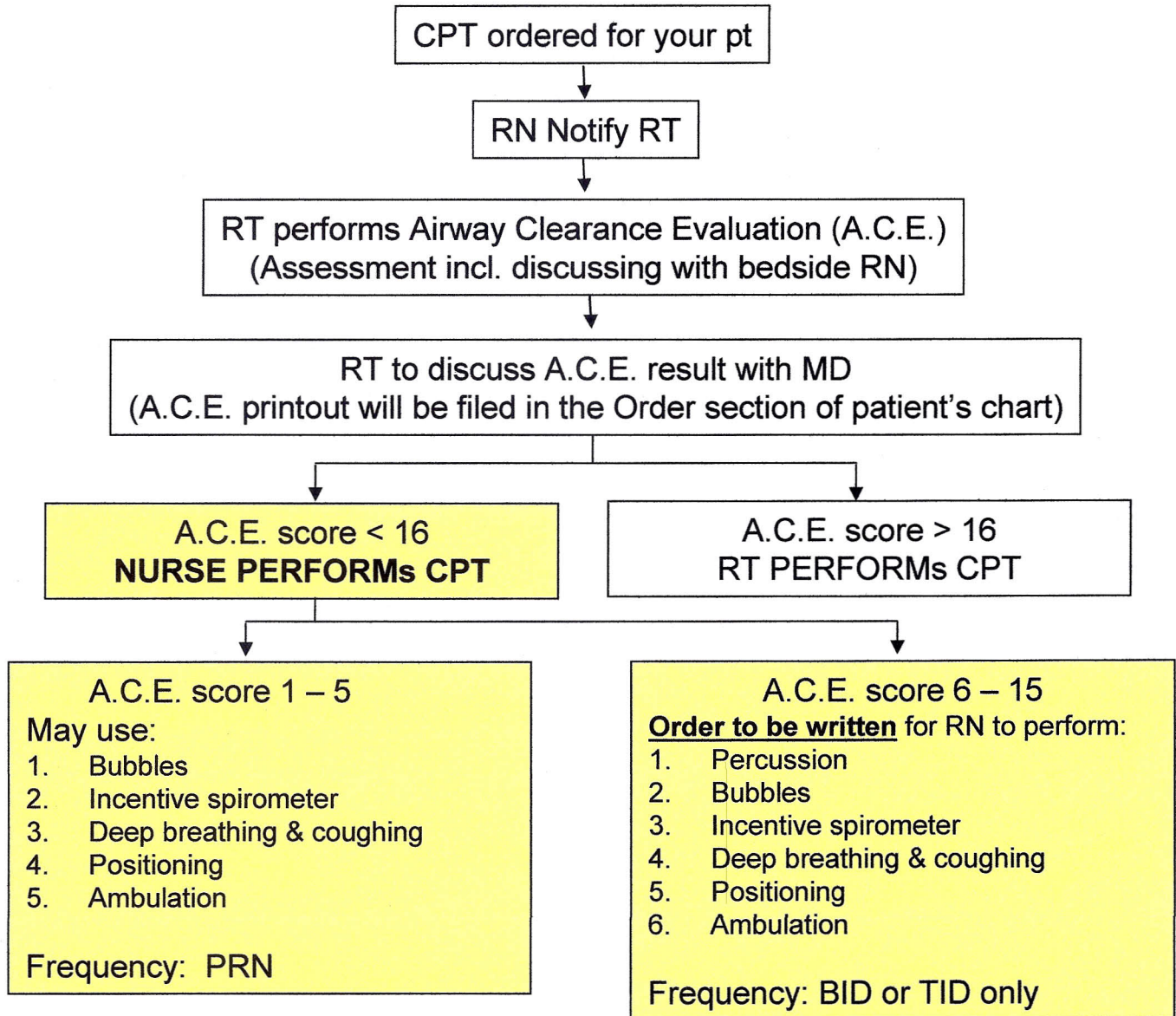


CVICU A.C.E. Pilot Program

Nursing Role with CPT



Nursing must document when, type of CPT, location (e.g. L side percussion) and how patient tolerate CPT in flowsheet.

Pt's Airway Clearance Evaluation result is also found under Careforms tab on LINKS

Airway Clearance Evaluation Tool for nursing reference

Evaluate	0 points	1 point	2 points	3 points	4 points
Respiratory History	No previous hx of pulmonary disease	Stable pulmonary disease / no home respiratory therapy	Stable Pulmonary Disease, on home O2 &/or tx regimen	Exacerbation of pulmonary disease	Severe exacerbation of pulmonary disease
Surgeries (during current encounter)	No surgery	General Surgery (includes tracheostomy)	Abdominal surgery	Thoracic/Cardiac Scoliosis Surgery	Thoracic/Cardiac Scoliosis surgery w/pulmonary disease
Ability to cooperate	Alert and cooperative	Follows some commands or unable to cooperate is at baseline status	Less than 2 yrs age, or inability to follow directions	Unable to cooperate due to decreased LOC, sedation	Unable to cooperate (not baseline)
Activity Level	Activity appropriate for age		Decreased activity level for age	Moves involuntarily w/no change in LOC from baseline	Unable to move, ie. SMA, quadriplegic, paralytics administered
Respiratory Pattern	Normal rate for age	Tachypnea	Irregular pattern	Pt. on Mechanical Support (Vent/BiPAP), not overbreathing	Irregular with apneic periods
Work of Breathing	Unlabored or in phase with mechanical support	Abdominal	Intercostal retractions &/or nasal flaring	Intercostal retractions, nasal flaring, grunting	Intercostal & supraclavicular retractions, nasal flaring, use of accessory muscles and grunting
Breath Sounds	Clear or at baseline	Unilateral crackles & rhonci	Bilateral crackles & rhonchi	Unilateral absent &/or diminished	Bilateral absent &/or diminished
Chest X-ray (most recent)	Clear	Unilateral: Infiltrate, Atelectasis or pleural effusion; no CXR available	Bilateral: Infiltrate, Atelectasis or pleural effusion	Unilateral: collapse or consolidation	Bilateral: collapse or consolidation
Secretions	None	Can't evaluate—swallows	Excessive		Thick bronchial secretions
Cough	Strong, spontaneous	Strong cough with stimulation only	Weak spontaneous cough	Weak spontaneous cough with stimulation only	Absent cough &/or mechanical support
Total Score					

Total score	Severity Assessment	Treatment Frequency
1 – 5	Unremarkable	As needed: deep breathing and coughing, incentive spirometer, bubble therapy, positioning, ambulation
6 – 15	Mild	BID & TID
16 – 20	Moderate	QID & prn
21 – 29	Severe	Q6H around the clock
> 29	Critical	Q4H – contact MD if severity has increased from previous evaluation

LPCH policies and procedures:

1. Assessment: Chest physiotherapy / Airway Clearance
2. Orders: Chest physiotherapy / Airway Clearance