NORTH CAROLINA RESPIRATORY CARE BOARD

POSITION STATEMENT

MAKING ADJUSTMENTS TO FUNCTIONING VENTILATORS

The North Carolina Respiratory Care Board is issuing this position statement to provide guidance to health care institutions and providers about the Board's interpretation of the Respiratory Care Practice Act ("the Act") and the Board's Rules, as the Act and Rules relate to ventilator services. By issuing this position statement, the Board is providing advance guidance to reduce confusion and save interested parties from the delay and inconvenience that would result from having to prepare and present a specific request for guidance to the Board. This position statement will be posted on the Board's website, but as it continues to exercise its statutory responsibilities, the Board may change or supplement this position statement based on future developments or situations that come to its attention.

PURPOSE

To identify the individuals who are best suited to make adjustments to mechanical ventilators. Proper operation of mechanical ventilators requires training and competency assessment because each ventilator is a complex life-support system, with many interdependent functions. Improper ventilator adjustments may jeopardize the health and safety of patients, and place patients at risk for injury or death.

POSITION STATEMENT

A. The Respiratory Care Practitioner is the health professional best suited to provide, monitor, adjust and document ventilator care.

In order to ensure the safety of all patients receiving mechanical ventilatory support, it is essential to limit the number of individuals who make adjustments to mechanical ventilator settings. Given the scope of practice and training of the Respiratory Care Practitioner (RCP), combined with the daily experience and annual assessment of competency related to mechanical ventilation, the RCP is the individual whose training is most focused on the features and functions of ventilators, who will be most familiar and up to date on ventilator technology, and also will be most directly familiar with the organization's policies, procedures and clinical paths that are pertinent to ventilator operation. Therefore, the RCP should be recognized as having the primary role in making all ventilator adjustments.

B. Ventilator Adjustments.

Ventilator Care is inherently part of the Practice of Respiratory Care, and this Board is charged by the General Assembly with the responsibility to regulate the Practice of Respiratory Care in North Carolina to protect the public health, safety and welfare. Each ventilator that is engaged in providing respiratory support for a patient is providing an essential and life-sustaining function. Adjustments to a functioning ventilator by persons who lack adequate training, or who fail to properly document their actions and coordinate their actions with other responsible care-givers, including the responsible Respiratory Care Practitioner, can result in serious patient harm. Therefore, in keeping with its statutory responsibilities, the Board is adopting these general guidelines relating to ventilator adjustments.

Anyone making ventilator adjustments should have:

- Completion of professional health education in cardiopulmonary diseases;
- Completion of professional health education in ventilator management; and
- Completion and documentation of competency or skills review in the particular ventilator(s) to be adjusted.

Finally, anyone making ventilator adjustments is responsible for continuity of care and must communicate any changes in ventilator settings to the Respiratory Care Practitioner in charge of the ventilator.

Adopted this 14th day of July, 2011