



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

November 10, 2016

Martin Corts RRT, RCP
Watauga Medical Center
Cardiopulmonary Department
336 Deerfield Rd
Boone, NC 28607

Dear Mr. Corts,

This letter is sent on behalf of the North Carolina Respiratory Care Board in response to your email of September 8, 2016, in which you requested the Board's interpretation of the Respiratory Care Practice Act ("**RCPA**"), and Board Rules relating to a clinical practice in the Respiratory Department at Watauga Medical Center ("the Hospital").

According to your email, and the additional clarifications that you provided to the NCRCB Practice Committee by telephone during its meeting on September 9, upon receiving an authorized order for a respiratory medication from a physician for a patient in the hospital's Emergency Department, respiratory care practitioners will confirm the order and obtain the MDI medication from the Pyxis, along with a spacer device. The respiratory care practitioners will then give the medication to the ordering physician who will label it with dosage instructions and then give it to back to the respiratory care practitioner to instruct the patient on appropriate use per the prescription. The respiratory care practitioner will: 1) educate the patient about the medication; 2) give instruction on proper technique with the spacer for optimum dosage; 3) assess the level of patient understanding and outcome; and 4) and attempt to answer or seek the answer to any other questions the patient may have. The respiratory care practitioner then returns the medication to the ordering physician, or to another appropriate health care provider other than a respiratory care practitioner, so that the medication is made available to the patient at discharge.

We understand that someone has questioned whether the respiratory care practitioners' actions described above constitute "dispensing" the medications. The NC Board of Pharmacy regulates the practice of pharmacy under the Pharmacy Practice Act, including dispensing medications, and NCRCB cannot offer an interpretation of the statute or rules of the Board of Pharmacy. However, NCRCB reviewed your request and the recommendation of its Practice Committee at the full Board's quarterly meeting on October 12, and determined that each of the respiratory care practitioners' actions you described is within scope of practice of respiratory care based under G.S. § 90-648 (10):

1. The retrieval of the respiratory medication and the spacer device for a respiratory medication ordered by a physician is clearly within the scope of practice of respiratory care.
2. The education, instruction, and assessment of a patient with regard to a respiratory medication is customarily taught as part of Respiratory Therapy education and verified by national competency testing through the National Board of Respiratory Care, and also clearly within the scope of practice of respiratory care.



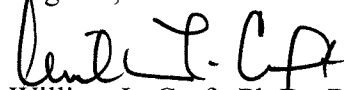
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Therefore, NCRCB has determined that when acting under the order of a licensed physician, respiratory care practitioners may perform all the tasks described in this letter provided that:

- 1) Each respiratory care practitioner has documented training and annual documented competency for the procedures approved by the Hospital; and*
- 2) The Hospital maintains policies and guidelines for performing these procedures, as it would for any procedures provided by the respiratory care practitioners that it employs.*

As one final point of clarification and to make sure there is no confusion on this, all of the respiratory care practitioners' interactions with patients that are described in this letter may of course also occur with family members or other appropriate representatives of a patient. Please advise if you have any other questions about this issue.

Regards,

 *Ph.D., RRT, RCP*
William L. Croft, Ph.D., RRT, RCP

Executive Director