

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIO PULMONARY POLICY MANUAL
DUTIES OF THE RESPIRATORY NIGHT SHIFT (1900-0730)**

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Effective Date: March 2010

Policy No: 3A.003

Cross Referenced:

Origin: Cardio Pulmonary

Reviewed Date: 02/16

Authority: Cardio/Pulmonary Manager

Revised Date: 02/16

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Purpose: To outline the duties of the night shift Respiratory Care Practitioner.

Procedure: Respiratory Services that all individuals working the “night” shift, 1900-0730 hours are responsible to follow:

1. Arrive in the department prepared to work by 7:00 PM.
2. Receive a thorough report on all patients from the day shift.
3. Receive unit assignments and Respiratory duties from Lead Therapist.
4. Sign out Vocera, hospital wide paging system.
5. Complete ABG check list, located in ABG room; check equipment in ER and ICU; check utility room par levels.
6. Print and reconcile the respiratory medication report (see attached).
7. Check for new and pending orders every 15 minutes via the hospitals electronic medical record system.
8. Conduct third TID treatments, fourth QID treatments, second BID treatments, and all Q hour treatments at appropriate times. (Reference Medication Administration Standardization Times)
9. Monitor all ventilator patients and non-invasive ventilator (BiPAP) patients at least every three hours or more often if necessary.
10. Complete and chart all treatments and or any evaluation of patient according to the Plan of Care.
11. Assign “CODE BLUE” and “Rapid Response” beeper to a therapist for that shift.
12. Respond to all “STAT” calls for your assigned work area (patient care area).
13. Answer all “CODE” calls for assigned work patient care areas or any other location in hospital grounds including the first floor lobby using the Code Cart from the Wound Care Center if necessary.
14. Monitor and analyze pediatric and neonate tents and isolates if asked by MD or RN at least twice per shift.
15. Change closed-suction system on all ventilator patients every 72 hours.
16. Set-up and discontinue all respiratory care equipment as necessary. Return all D/C'd and cleaned equipment to the department.
17. Perform all arterial blood gases as ordered and report critical values to units.
18. Will make rounds to all patients receiving CPAP or BiPAP therapy for OSA at least once per shift and will document in respiratory progress note in hospitals electronic medical record system.
19. Perform PFT screen or bronchoscopies as appropriate.
20. Will perform all sputum induction for AFB if called to do so and will record in Progress Notes the Induction results (such as obtain or unable). (reference Cardiopulmonary Policy and Procedure Manual. Section 3B, policy 16)
21. Perform EKG's and other special tasks as assigned by the Department Manager.
22. Will give a thorough report to the day shift.
23. Will work as a team utilizing Respiratory Care skills in the emergency room and any other areas in the Hospital in order to assist MD and RN in the performance of Optimal Patient Care.
24. Coverage of “STAT” ABI studies. (Reference ABI OFF-Hours Procedure, Diagnostic Imaging)
25. Respond to all “CODE HELP” calls in the West Wing Lobby, Front Lobby, Cafeteria and hospital grounds, with the AED. (reference Cardiopulmonary Policy and Procedure Manual, section 3B, policy 32).

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Process for Printing the Respiratory Medication Reconciliation Report:

1. Open the NAL folder on the desktop.
2. Click on Cerner
3. Double click the Millennium App Bar icon. (Named App Bar Prod)
4. Log in with personal login and password.
5. Click on Powervision Button.
6. Locate and click on the HRMC Medication Reports +.
7. Double click on the Respiratory list.
8. The respiratory medication list will appear.
9. Select Task.
10. Select Print.
11. Once the report is printed reconcile with patient charts.
12. Communicate with pharmacy to resolve any issues.