



Pathways to Our Future  
**Electronic Health Record**  
**Respiratory Therapy FAQs**  
 November 21, 2019

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Enclosed are some of the frequently asked questions during the End-User Validation event and throughout training.

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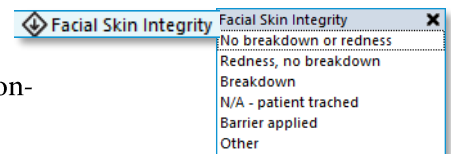
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**Documentation Questions**

**Where is Skin Integrity documented when a patient has an ETT?**

- Facial Skin Integrity is documented in both the Invasive Ventilation and Non-Invasive Ventilation sections under Measurements/Assessment.



# Pathways to Our Future

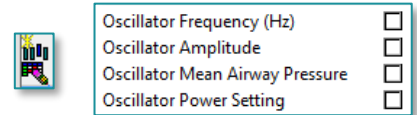
## Respiratory Therapy FAQ's

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### Where is Oscillator Documentation?

- Oscillator documentation fields can be pulled into the **Invasive** Ventilation Ventilator settings subsection using the Customize View icon.

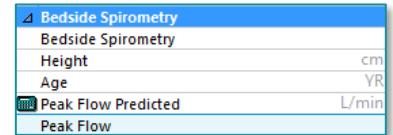


A small icon with a gear and a list of items is shown next to a list of oscillator settings, each with an unchecked checkbox:

- Oscillator Frequency (Hz)
- Oscillator Amplitude
- Oscillator Mean Airway Pressure
- Oscillator Power Setting

### Where do I document Peak Flow Meter readings?

- Peak Flows are documented in the **Bedside Spirometry** section in the Respiratory Therapy iView band.



A screenshot of the 'Bedside Spirometry' section in the iView band. It shows a table with the following fields and units:

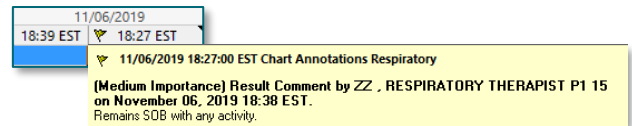
Bedside Spirometry	
Height	cm
Age	YR
Peak Flow Predicted	L/min
Peak Flow	

### Where is the Neonate Workflow MPage?

- A decision was made by leadership to hold off on the implementation of this MPage after education was created. This MPage will be implemented fully functional with the Women's Health project in 2020.

### How do you change the priority of a flagged annotation?

- The system automatically assigns all annotations as a medium importance and cannot be changed.



A screenshot of a chart annotation. At the top, it shows the date '11/06/2019' and two time slots: '18:39 EST' and '18:27 EST'. Below this is a yellow box containing the text: '11/06/2019 18:27:00 EST Chart Annotations Respiratory'. A small icon of a person with glasses is next to the text. Below the yellow box, it says: '(Medium Importance) Result Comment by ZZ, RESPIRATORY THERAPIST P1 15 on November 06, 2019 18:38 EST. Remains SOB with any activity.'

### How come only certain tasks have the eyeglasses on the MPTL?

- Certain orders fire a task to the MPTL through a rule. Tasks that come from a rule will not have the eyeglasses.

### What is the difference between Ventilator circuit and Ventilator set-up under Respiratory Therapy Equipment Changed?

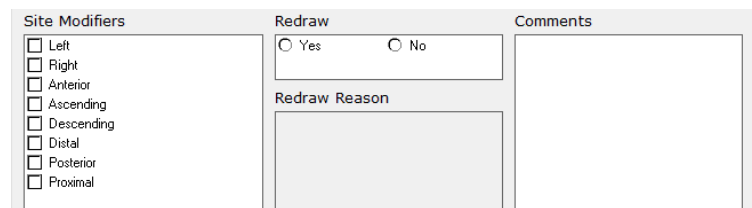
- When doing the initial vent set-up, select Ventilator set-up. If the circuit must be changed while the patient is on the vent, document the Ventilator circuit.

### What is the difference between Pulse Rate and Heart Rate – Monitored?

- Pulse Rate is a palpated heart rate. Monitored rate is used when the rate is taken from a monitoring device.

### When do you use the ABG Site Modifiers/Redraw fields in the ABG Adhoc form?

- For a redraw, select **Yes** in the Redraw box. This opens the Redraw Reason text box to allow for documentation. The Arterial Sites DTA doesn't include laterality, so left/right, etc. would be checked off in the Site Modifiers box.



A screenshot of the ABG Adhoc form. It is divided into three main sections:

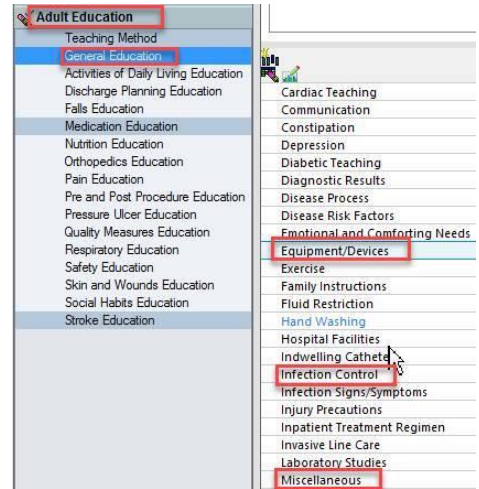
- Site Modifiers:** A list of checkboxes for 'Left', 'Right', 'Anterior', 'Ascending', 'Descending', 'Distal', 'Posterior', and 'Proximal'. All are currently unchecked.
- Redraw:** A section with a 'Redraw' label, two radio buttons for 'Yes' and 'No', and a 'Redraw Reason' text box below them.
- Comments:** A large empty text box for entering comments.

### If RT does not currently result ABGs will they have to start?

- If RT currently results ABGs, the process will not change. Keep in mind, if the lab runs the test and enters results, this will not remove the task from the MPTL. RT will need to go to the MPTL and click the yellow box to indicate the task is done.

**What if I can't find the topic I'm looking for under Respiratory Education?**

- The Adult Education band has more options under General Education.



**Does RT have to document assessments on arterial lines?**

- No. Nursing will document in that dynamic group. If RT is not currently documenting arterial line assessments, they won't need to start.

**When will ABG results show in iView under Blood Gas Results?**

- Blood gas results will be viewable in iView once the ABG is resulted, either by RT or by the pharmacy.

**Where is a Heat Moisture Exchanger (HME) change documented?**

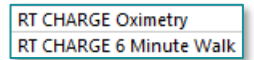
- HME fields are found in the Invasive Ventilation section.



**Charge Questions**

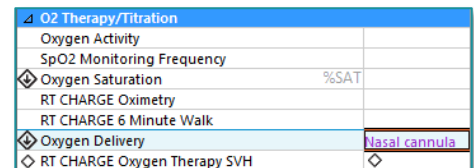
**How do I know which documentation fields are for documenting charges?**

- All charges start with RT CHARGE followed by the name of the charge.



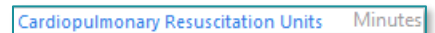
**My facility charges for oxygen, how is that charged?**

- For those facilities that charge for oxygen, RT CHARGE Oxygen Therapy (facility name) will display after selecting an Oxygen Delivery device located in the O2 Therapy/Titration section.



**How many minutes constitutes a unit of time?**

- One unit = 10 minutes. Click the blue link to view the reference text for this in iView.



**When is a nebulizer treatment charged?**

- Once post-treatment documentation is completed, select the Inhaled Medication Delivery Device. This will allow a charge for the NEB post-treatment.

**If a patient receives a nebulizer in the ED, is admitted, and then RT administers a nebulizer, is this an initial charge or a subsequent charge?**

- If the patient has the same FIN when admitted that they had in the ED, that would be a subsequent charge.