



Lung volume recruitment is a high-risk procedure that may generate droplets, exposing staff to respiratory pathogens. Appropriate Personal Protective Equipment (PPE) must be applied to reduce exposure to respiratory secretions.

POLICY STATEMENT

A physician order is required prior to initiating Lung Volume Recruitment (LVR) with a modified resuscitation bag. LVR is used to improve peak expiratory cough flow (PCF) and vital capacity (VC) by reaching maximum insufflation capacity (MIC) in patients with paralytic/restrictive disorders. These disorders include spinal cord injuries and neuromuscular diseases such as ALS, Guillain-Barré Syndrome (GBS), myasthenia gravis, muscular dystrophy, multiple sclerosis, post polio, kypho-scoliosis, and syringomyelia.

DEFINITIONS

Assisted Cough Manoeuvre:

A manually Assisted Cough Manoeuvre involves the application of an abdominal thrust or costal lateral compression using various hand placements after an adequate spontaneous inspiration or maximal insufflation.

FEF Max:

The maximum Forced Expiratory Flow rate (FEF) measured during a Force Vital Capacity (FVC) manoeuvre.

GPB: Glossopharyngeal Breathing (GPB) is a method of breathing, which consists of stroke-like action of the tongue along with constricting action of the pharynx pumping air through the larynx into the lungs.

LVR: Lung Volume Recruitment (LVR) refers to breath stacking, techniques allowing a maximum insufflation capacity.

MIC: The Maximum Insufflation Capacity (MIC) measurement (litres) is the maximum volume of air stacked within the patient's lungs beyond spontaneous vital capacity. MIC is attained when the patient takes a deep breath, holds his breath and then breath stacking is applied using a LVR resuscitation bag, a volume ventilator or glossopharyngeal breathing (GPB). When measuring a MIC, the therapist should assist the patient with his/her optimal insufflation technique, introduce the spirometer in the post mode and instruct the patient to completely exhale the MIC volume through the spirometer. *The documented volume must be clearly identified as a MIC and not a post bronchodilator study.*

PCF: Peak Cough Flow (PCF) is measured by using a peak flow meter. The PCF is the velocity of air being expelled from the lungs after a **cough** manoeuvre. This measurement can be expressed in L/min or L/sec (L/min divided by 60). It is useful to measure:

- spontaneous PCF (PCF sp)
- PCF from MIC (PCF bag, PCF vent, or PCF gpb)
- PCF from MIC with an assisted cough timed with the cough (PCF bag & assist, PCF vent & assist or PCF gpb & assist)

Respiratory Therapy Policies And Procedures Manual

D.H. Stamatis



Respiratory Therapy Policies And Procedures Manual:

Respiratory Care ,1996

Medicare, Medicaid, State Operations Manual ,1989

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Egan's Fundamentals of Respiratory Care Donald F. Egan, Craig L. Scanlan, 1995 This respiratory care guide covers topics such as scientific principles clinical assessment advanced studies such as pulmonary function and blood gases equipment usage and ventilation The text also presents case studies learning objectives and key terms **Respiratory Care: Principles and Practice** Dean R. Hess, Neil R. MacIntyre, Shelley C. Mishoe, William F. Galvin, 2011-02-24 A new edition of the classic text *Respiratory Care Principles and Practice* Second Edition is a truly authoritative text for respiratory care students who desire a complete and up to date exploration of the technical and professional aspects of respiratory care With foundations in evidence based practice this essential text reviews respiratory assessment respiratory therapeutics respiratory diseases basic sciences and their application to respiratory care the respiratory care profession and much more Important Notice The digital edition of this book is missing some of the images or content found in the physical edition

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