



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 Care Policy And Procedure Manual

AACN

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Respiratory Care, 1996 Hospital Respiratory Therapy Policy and Procedure Manual Gary Lee Stanley, 1978

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