

#### Respiratory Therapy Policy / Procedure Lung Volume Recruitment For Paralytic/Restrictive Disorders

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 strokelike 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 Policy Procedure Manual**

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