

Volume Expansion/Pulmonary Hygiene Flowchart & Therapy Modality Guide



Access Patient Per Provider

Evaluate Patient's Clinical Indications

Clinical Indications -Airway Clearance Therapy (ACT)

- Respiratory Tract Infections
- Hypersecretions/ Ineffective Cough
- Immobility or muscle weakness
- Difficulty w/ secretion clearance
- Sputum Production > 5cc w/ cough or suctioning
- Hx of Chronic Bronchitis, Pneumonia Bronchiectasis, Aspiration
- Cough Peak Flow < 270 LPM

Clinical Indications – Volume Expansion Therapy (VET)

- IS Inspiratory Capacity < 10 ml/kg
- Disorders of the Diaphragm
- Predisposing conditions w/ risk of pulmonary atelectasis, thoracic surgery, upper abdominal surgery
- Suboptimal Oxygen levels
- Presence of neuromuscular disease
- Restrictive Lung Defect
- Mobility/Ambulatory Impairment

Re-evaluate Indications:
Contact Provider

Therapy Contraindications Present?

Select Therapy Method based on:

- Clinical Indications
- Patient Tolerance/ comfort/pain avoidance
- Hx. w/ documented
- Observation of effectiveness w/ trial

ACT Therapy PocketPEP vPEP iPEP	Combined Indications ACT & VET PocketPEP w/OxyJET vPEP w/OxyJET (Dual Therapy)	Volume Expansion OxyPAP OxyTrainer
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Administer Therapy 4 times Daily & PRN as Tolerated

Patients w/ Increased Symptoms: Consider Escalation to Dual Therapy OPEP/PAP

Re-Evaluate Patient every 24-hours for Therapy Efficacy

- Assess Outcomes/Goals Achieved?
- Resolution/Improvement in Chest CXR/CT/MRI
 - Decreased RR and WOB
 - Improved Lung sounds via Auscultation
 - Increased SPO2 / Improved alveolar oxygenation
 - Improvement in VC and PEFs
 - Optimal hydration w/sputum production

YES → Consider: decrease frequency or discontinuing therapy

NO → Re-evaluate indications/ Contact Provider

Note: Patients w/ chronic pulmonary disease who maintain secretion clearance therapy in their home environment should remain on treatment no less than their home frequency ©2020. All tradenames property of D•R Burton Healthcare. 727rev01