I. Purpose
   A. Establish practices and standards that outline the mechanism of initiating an order for a mechanical ventilator and performing setting adjustments that will ensure delivery of quality care to patients requiring mechanical ventilation.

II. Policy
   A. Mechanical ventilators should only be set-up and placed on patients by a Licensed Respiratory Care Practitioner (LRCP) who has been found competent in the use of equipment being utilized.
   B. Mechanical ventilator adjustments should only be performed by a LRCP, or an Attending Physician, or a Pulmonary Medicine Fellow who has been deemed competent by both the Director of Respiratory Care and the Medical Director of Respiratory Care.
   C. Proper documentation of approval for each Attending Physician or Pulmonary Medicine Fellow should be filed within the Department of Respiratory Care.
   D. A physician order should be written for mechanical ventilators, parameters, and weaning guidelines, regardless of the individual administering the order.
   E. LRCPs and approved Attending Physicians and Pulmonary Medicine Fellows must document all changed parameters, time of change, and initial under each change.
   F. Proper documentation of all ventilator parameter adjustments should be performed on the patient’s ventilator flowsheet at the time of change and by the individual initiating the parameter change.
   G. Registered nurses may only make emergency \(\text{FiO}_2\) changes and notify the LRCP taking care of the patient as soon as possible. The nurse initiating the \(\text{FiO}_2\) change maintains the responsibility for receiving and documenting the order.
   H. A staff member who finds undocumented ventilator changes should:
      a. Assess the patient for tolerance and response to changes
      b. Verify undocumented ventilator changes with physician, LRCP, and/or primary nurse. If adjustments are unverified, the LRCP should change the adjustments to the previously ordered ventilator settings.
      c. Notify the Respiratory Supervisor of the undocumented ventilator changes.
   I. Adherence to the policy is an expectation of physician privilege.