A. Purpose
Defined acuity levels are an integral part of the patient assessment in terms of summarizing the patient’s status and goals, and the delivery system in terms of therapy prioritization. Different classification systems have been devised for the two distinct patient populations: adult and pediatric.

B. Policy
1. Therapists will document patient classification status on each patient at least once daily.
2. Adult patients will be classified according to the following criteria:
   a. Class I patients require intensive care treatment and can be divided into two subgroups:
      i) Class IA:
         (1) Any adult patients who are admitted into an adult intensive care area OR:
         (2) Any patient who requires continuous Mechanical Ventilatory Support; OR:
         (3) Any patient with such marginal reserves that frequent treatment is required to enable him to meet the following minimums:
            (a) NIF <20 cmH2O
            (b) FVC >15ml/Kg
            (c) PA-aDO2 <350 mmHg

      ii) Class IB:
         (1) Any adult patient who meets the criteria for Class I assignment, but who has been declared as non-salvageable by the Medical Staff. Such patients must also have appropriate documentation in their Medical Records to qualify them as a “DO NOT RESUSCITATE” or a “NO CODE” patient.

   b. CLASS II:
      i) Class II patients require frequent treatments, frequent reevaluation of their cardiopulmonary reserves, or continuous supplemental oxygen to
prevent deterioration of their current status and can be divided into three subgroups:

(1) Class IIA

(a) Any patient who is on hyperexpansion therapy and who cannot attain a volume equal to 25 mL/kg lean body weight on incentive spirometry or IPPB therapy; OR:
(b) Any patient who is retaining secretions and who cannot generate a spontaneous FVC >15 mL/kg or 1.5 liters, OR
(c) Any patients receiving bronchodilator therapy
(d) Chest films indicating small airway obstruction, alveolar collapse and consolidation
(e) Arterial blood gases showing a trend toward progressive deterioration
(f) Secretion accumulation demonstrable by auscultation
(g) Inability to clear airways due to an ineffective cough mechanism
(h) Bedside pulmonary function evaluations demonstrating reduced FVC and airflow characteristics, which are not reversible by bronchodilator drugs alone
(i) Neurological dysfunction due to trauma, drugs, surgery, or disease which renders ventilatory functions inadequate, but for which, some degree of recovery can be expected

(2) Class IIB adults have no signs of impending respiratory failure.

(a) Any patient who is on hyperexpansion therapy to include IPPB, incentive spirometry, manual ventilation, or intermittent CPAP therapy, and who cannot attain a volume equal to 25 mL/kg lean body weight; OR:
(b) Any patient who is retaining secretions and who cannot generate a spontaneous FVC >15 mL/kg or 1.5 liters, OR
(c) Patients receiving bronchodilator therapy

(3) Class IIC patients require minimal respiratory care intervention

(a) Any patient who requires only supplemental oxygen to maintain an adequate PaO₂ and who is not classed as IIA or IIB
(b) Any patient who has routine saturation readings

c. CLASS III

(i) Class III patients require only intermittent prophylactic treatment to maintain their current level of cardiopulmonary reserves and can be defined as:

(1) Any patient who is on hyperexpansion therapy and can achieve a volume of at least 25 mL/kg during coached incentive spirometry, or IPPB therapy; OR:
(2) Any patient who can achieve a spontaneous FVC in excess of 20 mL/kg and who has a cough adequate to control secretions.

d. CLASS IV

(i) Class IV adult patients require very little care or intervention from the respiratory care and can be defined as:

(1) Any patient who was previously a Class III but has begun to ambulate OR;
3. Pediatric patients will be classified according to the following material:
   a. Class I pediatric patients require intensive care treatment and can be defined as:
      i) Any pediatric patient who is admitted to an intensive care unit
      ii) Any pediatric patient who is a "Do not Resuscitate or NO CODE"
   b. Class II pediatric patients require intensive care treatment and can be divided into three subgroups:
      i) Class II Acute pediatric patients require frequent treatments, reevaluation of cardiopulmonary reserve or continuous O2 to treat patients with these clinical symptoms:
         (1) significant chest x-ray findings
         (2) decreased cardiopulmonary reserves
         (3) moderate to large secretion retention
         (4) ineffective cough
         (5) neurological dysfunction
         (6) rales, rhonchi, or wheezes
         (7) patient is not ambulatory
         (8) any of the above in addition to an elevated fever
      ii) Class II Chronic pediatric patients require routine treatments in order to treat the following clinical symptoms:
         (1) chest x-ray reveals chronic changes in
         (2) cardiopulmonary reserves persistently compromised
         (3) recurrent infections due to secretion retention
         (4) upper airway noise and rhonchi by auscultation
         (5) irreversible neurological dysfunction
      iii) Class II Maintenance:
         (1) Any pediatric patient who is only on O2
   c. CLASS III pediatric patient is any patient who is receiving respiratory therapy but shows signs of improvement according to the following:
      i) Any pediatric patient who has a clear or improved x-ray
      ii) Any pediatric patient who has stable PO2, TCpO2, or saturation readings
      iii) Any patient who has an effective cough
      iv) Any patient who is afebrile
      v) Any pediatric patient who has clear or improved breath sounds
      vi) Any patient who is ambulatory
   d. CLASS IV is any patient who is a "Do Not Resuscitate or NO Code" and is not in an ICU