**PPNO List Serv Query Summary Part 3**

Last Name First Name Institution Info email

Morris Rebecca Tillsonburg Hospital Rebecca.morris@tdmh.on.ca

Contact for further information:

Date of Summary:

How often do your RN’s and/or RT’s document vital signs and ventilator settings on BIPAP and invasively ventilated patients?

Abbreviated Question (as it will appear on search results page)

[ ]  Policy/Procedure x[ ]  Practice [ ]  Program Info [ ]  Committee Structure info [ ]  Role [ ]  Students

x[ ]  Model/Structure x[ ]  Care Delivery [ ]  Collaboration [ ]  Regulation/Legislation [ ]  Pt. Safety

[ ]  Quality/Outcome/Indicator [ ]  PP Culture/Leadership [ ]  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| **Responder Info** | **Responses to query** | **Attachment(s)\*** |
| --- | --- | --- |
| **Kelly Verhoeve RN BScN****Manager Professional Development****Professional Practice Facilitator & Accreditation Coordinator****Woodstock Hospital** |  |  |
| Kevin Halabecki, BScN, RNClinical Nurse Specialist-Trauma: Critical Care & Neurosurgical ServicesThunder Bay Regional Health Sciences Centre(807) 684-6252(807) 631-1664halabeck@tbh.net | RN's are documenting vitals q1h for patients on Bipap, intubated, or acute CPAP. for chronic BiPAP or CPAP, the vitals would be as condition warrants, or q4h, and if a patient is more acute, vitals could be q5min. Settings are documented in the physical assessments q4h.RT's document vitals and settings at least q4h, and with every change in settings, more frequently with critically ill patients. |  |
| Corinne Savignac, R.N., BScN, Nurse Clinician General Internal Medicine705-523-7100Extension 3315Health Sciences North | Horizon Santé-Nord41 Ramsey Lake Road Sudbury, Ontario P3E 5J1 | RRT will document every two hours and with any new adjustments on the even hour and the RN will document every 2 hours on the odd hour.The RRTs do not document any vital signs. It is in our standard of care that nursing documents vitals minimally q1h while ventilated. |  |
| Selina Fleming MN, BScN, RN HPHA EducatorHuron Perth Healthcare AlliancePhone: 519.272.8210 x2325Clinton Public Hospital - St. Marys Memorial Hospital - Seaforth Community Hospital - Stratford General Hospital | For our EDs that use a travel ventilator:Patients on the ventilator will be on a continuous cardiac monitor and pulse oximetry with vital signs recorded a minimum of every 10 minutes until stable, then every hour and with any change of settings or as frequently as their condition dictates.Vent settings are documented as they change. In our ICU: HR, RR and BP are completed Q1H. Temperature is q4H. Vent settings and BiPAP settings are documented on with any change or if BIPAP is removed and/or reapplied for any reason. Nurses indicated that the RTs primarily document on vent/Bipap setting changes |  |
| Hasina Kanji-Jaffer RRT, BSc, MScClinical & Professional LeaderRespiratory Therapy, Practice & EducationTrauma, Emergency, & Critical CareSunnybrook Health Sciences CentreTel: (416) 480-6100 ext. 2319Email: Hasina.kanji-jaffer@sunnybrook.ca | RNs document q1h.RRTs document q4h. |  |
| Jessica Schlegel <JRSchlegel@osmh.on.ca> | RRTs: All vents and Bipaps with vitals (SpO2, HR, BP, RR, ETCO2 ( if available)) are checked every 2hrs. In extreme surge situations at least every 4 hours. This is compliant with CSRT/CRTO/RTSO guidelines. Exception is chronic/O/N Bipaps and Cpaps which are checked once or twice a visit. Highflows esp acute are every other hour or 4hrs as well. RNs: I believe they are recording full vitals every hour in ICU with steady monitoring. |  |
| Heather Leonard, RN BScNProfessional Practice SpecialistICU, TMH ED & Simulation ProgramQuinte Healthcare Belleville General Hospitalhleonard@qhc.on.ca(613) 969-7400 x2987 | At QHC our standard is that the nurse continuously monitors the ICU patient on Bipap or who is intubated, and documents vital signs in the chart q2h, unless the need arises for more frequent vital signs (i.e. unstable vitals). The RT is responsible for charting the vent settings q2h, or more frequently if changes to settings are required. If stable, q2h is adequate. |  |
| Roger Correia, RRT, HBSc, MHSClinical Resource Leader, Respiratory Care & Resuscitation Michael Garron Hospital | Toronto East Health Network 825 Coxwell Ave | Toronto, ON | M4C 3E7 Tel: 416-469-6580 ext 2196 |roger.correia@tehn.ca | At Michael Garron Hospital, our practice is to document vital settings and invasive/non-invasive ventilator settings q3h by RTs, and q1h by ICU RNs. During pandemic, we extended RT charting to q4h to help with workload and minimizing entry into the rooms. |  |
| Sarah Jorgensen RN, BA, BScN, MScClinical Educator – Critical Care Unit and Medical Cardiology (C5)Brant Community Healthcare System200 Terrace Hill StreetBrantford, ONN3R 1G9Telephone: (519)751-5544 ext. 4275Email: sarah.jorgensen@bchsys.org | RN Documentation:Q1hr and PRN for BP, SpO2, RR; Q4hr and PRN for temp, physical assessment (including chest assessment)RRT Documentation:Q4hr and PRN with changes. |  |
| Lindsay Martinek BA.Hon, RRT, MHSDirector, Professional PracticeMichael Garron Hospital | Toronto East Health Network (Formerly Toronto East General Hospital)825 Coxwell Ave | Toronto, ON | M4C 3E7 Tel: 416-469-6580 ext 3068 |Twitter: @MGHTorontoLindsay.martinek@tehn.ca | Hourly for RNs, q4h for RTs generally. |  |

\*Imbedding Attachments: When in a document, with the cursor in the place where you wish to insert another document as an icon, Go to Insert, choose "Object" (not 'file') choose "Create from File" browse for the file name from your directory, once found, check off "Display as Icon" select "OK” The document Icon now appears in this document where your cursor was positioned. Save the document you are working in and the imbedded icon with the document they relate to attached will also be saved to this document.