Tennessee Board of Respiratory Care
Position Statement
Recommended Minimum Standards
For
Ventilator Care in Rehabilitation Facilities

Qualified respiratory care practitioners are an essential component for ensuring continuity and quality of care for patients transferred from acute care hospitals to alternate rehabilitative facilities such as skilled nursing facilities. The Board of Respiratory Care therefore supports the creation and adoption of the following minimum standards for ventilator services at skilled nursing facilities and other rehabilitation facilities:

1. A licensed respiratory care practitioner should be on site 24/7 for ventilator care, administration of medical gases, administration of aerosol medications, and to perform diagnostic testing and monitoring of life support systems.
2. A Pulmonologist or physician experienced in ventilator care should direct the plan of care.
3. The facility should establish admissions criteria to ensure the medical stability of patients prior to transfer from the acute care setting.
4. Arterial Blood Gas (ABG) should be readily available to document acid base status, and/or End Tidal Carbon Dioxide (etCO2) and continuous pulse oximetry measurements should be performed in lieu of ABG studies.
5. There should be an audible, redundant external alarm system located outside of the patient's room to alert caregivers of a patient disconnection notify of ventilator disconnection or ventilator failure.
6. Ventilator and emergency equipment should be connected to electrical outlets with back up generator power in the event of power failure.
7. Ventilators should be equipped with battery back up systems.
8. Facilities should be equipped to employ the use of current ventilator technology consistent with meeting patients' needs for mobility and comfort.
9. A back up ventilator should be available at all times if mechanical ventilation is provided to a patient.

Adopted by the Tennessee Board of Respiratory Care on the 25th day of May, 2005.

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