

BRONCHIAL HYGIENE PRACTICE GUIDELINES

PRINCIPLE: Pulmonary toilet is critical to prevent pneumonia, mobilize bronchial secretions and reduce the incidence of reintubation. Pain management and early mobilization is fundamental to pulmonary care.

INDICATIONS: All non-ventilated trauma patients.

PROTOCOL:

1. Cough and deep breathing exercises is a nursing standard of care. Patients who are unable to cough effectively should be evaluated for tracheal suctioning.
2. Pain management per the Pain Management Protocol.
3. Patients will be evaluated for mobilization **within 24 hours** of admission. The Trauma Attending is responsible for determining the mobilization status. Upon spinal clearance, and physician order, patients will be out of bed to the chair. Ambulation should be initiated as soon as the patient's condition allows. HOB 30-45?
4. Following extubation, the patient will be instructed to use an Incentive Spirometer (IS) **Q2hrs while awake**. This may be decreased to QID as the patient's condition improves.
5. Smoking is prohibited.

INDICATIONS: All ventilated trauma patients.

PROTOCOL:

1. Administer Chlorhexidine rinse.
2. Flexible suctioning.

