

Respiratory Admission Guide

Our mission is to give post-acute providers the resources they need to manage complex respiratory admissions. We hope this short guide is helpful during the admission of an individual recovering from a COPD exacerbation or pneumonia.



**New Jersey
Respiratory Associates**



Admission Guide

The following information is required to set-up a Bi/C-PAP or tracheostomy resident with the necessary machines and supplies. NJRA's team of therapists and technicians are available 24/7 to answer any questions.

BiPAP/CPAP Information

BiPAP/CPAP Settings:

IPAP: _____

EPAP: _____

Rate: _____ (if applicable)

Oxygen: _____

Mask: _____ (Nasal Mask, Full-Face Mask)

Tracheostomy Information

Tracheostomy Settings:

Size: _____

Type: _____ (Shiley or Portex)

Cuffed: _____ (Yes/No)

Oxygen: _____

Capped: _____ (Yes/No)

Frequently Used Terms

Oxygen Therapy

Oxygen Flow Rate: A facility without piped-in systems can deliver a max of 8-10 liters per minute or a FiO₂ of roughly 60%.

Venturi (Venti) Masks: Venti Masks cannot be used with an oxygen concentrator. Facilities without piped-in oxygen must request the order be switched to a nasal, face, or non-rebreather mask prior to admission.

Non-invasive Ventilation (Bi/C-PAP)

BiPAP vs. CPAP: A CPAP machine delivers one continuous pressure and a BiPAP machine delivers two pressures, one on inspiration and one on expiration.

Sleep Apnea: Sleep Apnea is a separate, unrelated condition that also uses Bi/C-PAP machines.

Trilogy Ventilators: The Trilogy is a ventilation device, capable of delivering numerous non-invasive ventilation modes. Most patients using the Trilogy in an SNF will be using the AVAPS-AE mode. Prior to admission, nursing should discuss with its pulmonary provider if the resident can be managed at their facility. Learn more at SeeNJRA.com/trilogy.

24-hour Bi/C-PAP: The SNF setting is not appropriate for individuals requiring 24-hour non-invasive ventilation.

Tracheostomy Care

Overview: Tracheostomies are most commonly performed due to a lack of air flow to the lungs. A tracheostomy is usually done for one of three reasons; to bypass an obstructed upper airway, to safely clean and remove secretions from the airway, or directly deliver oxygen to the lungs. Prior to admitting an individual with a tracheostomy, review their diagnosis with their nursing team to ensure that the facility is capable of treating the resident.