Advanced Practice Protocol for Management of Bronchial Hygiene

In accordance with the Division of Trauma Practice Guidelines Manual and the Practice Guidelines for Acute Care Nurse Practitioners

I. Definition
   A. Bronchial hygiene is a prophylactic intervention against nosocomial pneumonia.

II. Subjective Data
   A. Onset
   B. Duration
   C. Prior history of poor bronchial hygiene
   D. Prior history of mechanical ventilation, pneumonia
   E. Past medication history
   F. Related symptom’s (Chest pain)

III. Objective Data
   A. Vital signs including hemodynamics if available
   B. Current medications
   C. Lab values including electrolytes, PCV, ABG
   D. Physical Exam

IV. Assessment
   A. Differential diagnoses:
      1. Mechanical ventilation
      2. Tracheostomy
      3. Wired-jaw
      4. Closed head injury

V. Plan
   A. Non-ventilated
      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 incentive spirometer q2hours while awake. This may be decreased to QID as the patient’s condition improves.
      5. Smoking is prohibited.
   B. Ventilated
1. Administer Chlorhexidine rinse
2. Flexible suctioning

References:
1. Division of Trauma Practice Guideline Manual.