



**MONTANA STATE HOSPITAL  
POLICY AND PROCEDURE**

**RESPIRATORY THERAPY SERVICES**

**Effective Date:** May 16, 2014

**Policy #:** PH-08

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- I. PURPOSE:** Procedure for provision of Respiratory Therapy Services.
- II. POLICY:** Respiratory Therapy Services, beyond standard oxygen usage and routine nebulizer treatments, are not provided by Montana State Hospital. If a patient has a need for Respiratory Therapy Services, which cannot be met by Montana State Hospital, an outside consultation form will be completed and arrangements will be made for the patient to receive this service from an outside provider and/or emergently by rapid transport to the closest emergency department.
- III. DEFINITIONS:**
- Respiratory Care Services: Delivery of care to provide ventilator support and associated services for individuals.
- IV. RESPONSIBILITIES:** Medical Clinic Physicians are responsible for referring patients for respiratory therapy services.
- V. PROCEDURE:** Procedure for referring patients for respiratory therapy services is outlined in the Consultation Services policy.
- VI. REFERENCES:** None
- VII. VII. COLLABORATED WITH:** Medical Clinic Physicians
- VIII. RESCISSIONS:** #PH-08; *Respiratory Therapy Services* dated September 14, 2009; #PH-08, *Respiratory Therapy Services* dated September 11, 2006; #PH-08, #PH-08, *Respiratory Therapy Services* dated March 28, 2003; #PH-08, *Respiratory Therapy Services* dated February 14, 2000
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director
- XII. ATTACHMENTS:** None

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John W. Glueckert                      Date  
Hospital Administrator

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Thomas Gray, MD                      Date  
Medical Director