

**HOSPITAL  
RESPIRATORY SERVICES**

**RESPIRATORY SERVICES**

TITLE: <b>NON-INVASIVE CAPNOGRAPHY MONITORING</b>			POLICY #	PAGES 1 OF 10
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DATE IMPLEMENTED:	DATE REVIEWED:	DATE REVISED:		

**POLICY/PURPOSE**

Post-operative respiratory failure & respiratory compromise from opioid-induced respiratory depression is associated with increased morbidity & mortality<sup>1</sup>. Capnography monitoring can help to prevent or reduce adverse events such as undetected respiratory depression and hypoxia<sup>2</sup>. Some experts believe that monitoring ventilation with ETCO<sub>2</sub> measurement in addition to pulse oximetry could improve patient safety and post-operative clinical outcomes<sup>3-4</sup>. Opioid-induced respiratory compromise can be reduced with appropriate screening and monitoring of patients receiving multiple forms of opioid therapy. The purpose of this policy is to provide guidance for patient selection/inclusion and capnography monitoring for non-mechanically ventilated (intubated) patients admitted to Non-ICU nursing units.

**General Information/ Definitions:**

**End-tidal carbon dioxide (ETCO<sub>2</sub>)** is the level of carbon dioxide that is released at the end of an exhaled breath. ETCO<sub>2</sub> levels reflect the adequacy with which CO<sub>2</sub> is carried in the blood back to the lungs and exhaled. Available evidence has established that ETCO<sub>2</sub> measurement can provide an indication of cardiac output and pulmonary blood flow. Non-invasive methods for ETCO<sub>2</sub> measurement include capnometry and capnography. Capnometry provides a numerical value for ETCO<sub>2</sub>. In contrast, capnography delivers a more comprehensive measurement that is displayed in both graphical (waveform) and numerical value.

**IPI Integrated Pulmonary Index:** The IPI algorithm incorporates four real-time respiratory measurements into a single number that represents an inclusive respiratory profile: end-tidal CO<sub>2</sub> (etCO<sub>2</sub>), respiratory rate, pulse rate and SpO<sub>2</sub> (pulse oximetry). IPI is displayed on a scale from 1 to 10, with 10 indicating a normal cardio-pulmonary/respiratory status. IPI provides a real-time indication of changes in the patient's respiratory status that may not be reflected by the current values of any of the four individual parameters. To aid in monitoring patients over time, IPI is captured and analyzed to show upward and downward trends.

**Respiratory Compromise Evaluation (RCE):** Assessment tool used to determine risk level for Respiratory Compromise.

**Respiratory Compromise Scored Assessment (RCA):** Assessment tool used to determine safe liberation from non-invasive capnography monitoring.

### **SCOPE OF RESPONSIBILITY**

Respiratory Care Practitioner (RCP), Registered Nurse (RN)

### **GENERAL GUIDELINES**

This policy covers all patient populations requiring NON-Invasive capnography monitoring. There are two methods for initiating patient monitoring. Method 1 Direct Provider orders, Method 2 Respiratory Consult & Treat per policy protocol. Patients < 18 years of age will require a direct Provider order as outlined in program order process and will be excluded by Respiratory Consult and Treat protocols per policy.

**Method:1** Direct provider order consisting of standard order set with specific monitoring duration indicated with four pre-determined time choices of 4 hours, 8 hours, 12 hours, & 24 hours, at the end of first 24-hour monitoring period the provider will be required to extend the order every 24 hours per Provider discretion.

**Method: 2** RCP or RN patient driven protocol order for Respiratory Consult and Treat per policy for Capnography monitoring. This order will trigger initiation of Respiratory Compromise Evaluation (RCE) by RCP to determine patient inclusion for non-invasive capnography monitoring & duration (real-time) of monitoring based on Risk Evaluation & Respiratory Compromise Scored Assessment.

- 1) Respiratory Compromise Evaluation (RCE), RCP will complete bedside evaluation assessment of patient by starting at the highest risk level and continuing to the lowest risk level to complete the evaluation. When the highest risk level has been determined, the RCP will start continuous monitoring for the time duration associated with the matching risk level. *Example:* Patient meets Risk Level 3. The patient would be monitored for 8 hours continuously then after 8 hours the RCP would complete a Respiratory Capnography Composite Score assessment to determine if patient can be removed safely from monitoring.

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- 2) Respiratory Compromise Scored Assessment (RCA) determines monitoring discontinuation post initial RCE established assessment. Discontinuation is based on three pass/fail assessment categories to include POSS Pasero Opioid –induced Sedation scale<sup>5</sup>, sustained IPI Integrated Pulmonary Index values taken from Capnography Capnocheck monitor and RASS Richmond Agitation Sedation Scale. Only RCP staff can discontinue monitoring based on Respiratory Compromise Assessment (RCA) scored assessment. If the patient passes all three categories of the RCA assessment, the monitoring is discontinued. Respiratory Compromise Scored Assessment is a 3-category assessment that evaluates the following Criteria:

1. POSS Pasero Opioid Sedation Scale: Pass/Fail
  - a) Pass Score = S or 1, or 2
  - b) Fail Score = 3 or 4
2. IPI Integrated Pulmonary Index Score- Algorithm score based on RR, SpO<sub>2</sub>, HR, ETCO<sub>2</sub>
  - a) Pass Score = sustained value for at least two hours = 7 to 10
  - b) Fail Score = Below 7
3. RASS – Richmond Agitation-Sedation Scale
  - a) Pass Score = - 2 to + 4
  - b) Fail Score = lower than -2

If the patient fails any or all three categories, the monitoring continues for four hours and the patient is re-assessed using the same composite scored assessment methodology until the patient is liberated from the monitoring. In the event the patient cannot be liberated per assessment within 24 hours of monitoring start time, the Provider is contacted for consultation of care.

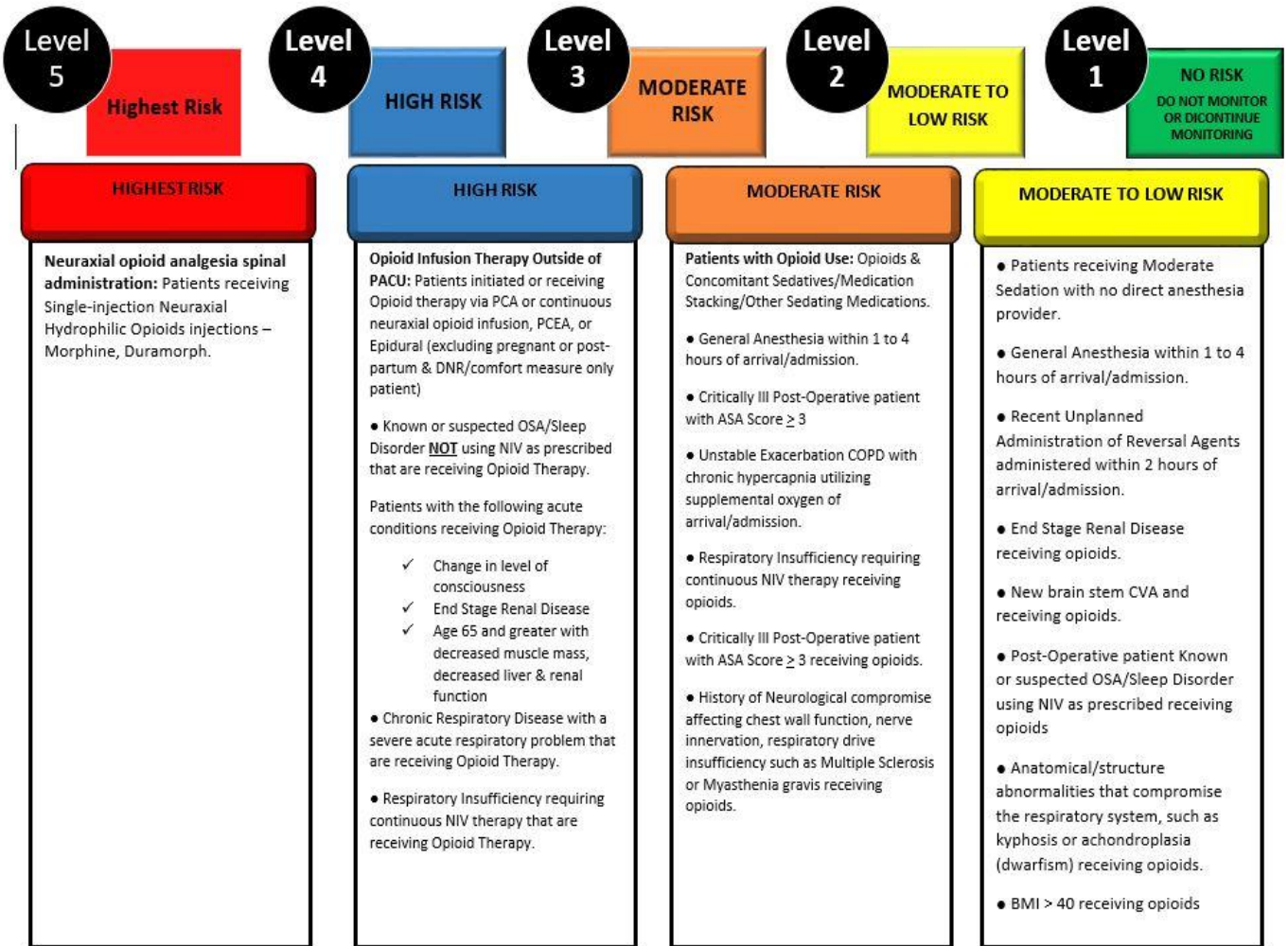
In the event a provider requests discontinuation of monitoring without completion of RCA assessment, provider must place discontinuation order in EHR, no monitoring will be discontinued without executed Provider EHR order or RCP assessment to discontinue monitoring.

### **Patient Selection & Assessment:**

1. All patients receiving Opioid Therapy including procedural sedation admitted to a NON-ICU unit will receive a RCE evaluation to determine Respiratory Compromise Risk Level (listed below) per protocol policy.  
**OR**
2. Direct Provider order including short term procedural sedation in the Emergency Department and monitoring initiated by direct provider orders can be started and discontinued at any time per Provider consultation.

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## RESPIRATORY COMPROMISE Risk Levels



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### ORDER PROCEDURE

#### PACU OPIOID THERAPY PATIENTS

In the PACU, PACU RN will initiate Respiratory Services consultation request for RCE evaluation assessment to include all post-operative patients admitted to inpatient status to a Non-ICU nursing unit. Any patients who meets risk criteria outlined in this policy will be placed on non-invasive capnography monitoring.

At time of PACU RN consultation request, Respiratory Services will immediately report to PACU to complete bedside RCE Evaluation in PACU. All patients requiring monitoring based on RCE evaluation will be placed on bedside capnography monitoring in PACU prior to inpatient transfer. The patient will remain on monitoring in PACU until

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transfer to inpatient unit. At time of transfer, the PACU RN will transport the patient on the bedside monitor to inpatient room and will be responsible to resume monitoring set up at new room location. The PACU RN will immediately contact Respiratory Services for notification of arrival to inpatient unit. Notification will include hand-off report of patient status and room location. Respiratory Services will report to bedside to verify patient monitoring set-up and perform a monitor check.

### **PACU RCE Inclusion Criteria Summary**

The following criteria shall also be a consideration for RCE consultation:

- a) Patients with STOP BANG/Sleep Apnea Score greater than 5.
- b) Patients who have received neuraxial opioid analgesia spinal medication administration (aka. Duramorph) in the Operating Room or post-operatively in PACU. (If admitted, monitoring will continue for 24 hours by the RCP).
- c) Patients who received operative General Anesthesia and then receive additional Opioid medications while in PACU (aka. stacking medications) for pain.
- d) Any patient with diagnosed OSA (Obstructive Sleep Apnea) will receive CPAP therapy by the RCP and EtCO<sub>2</sub> monitoring if applicable based on the patient interface utilization capabilities.

Respiratory Services consultation notifications will be processed via RT communication order entry into EHR as Respiratory Evaluate & Treat for “Capnography Monitoring”. Order will be entered at time of patient arriving to the inpatient unit from PACU.

### **Non-Opioid Obstructive Sleep Apnea (OSA) Patients**

Patients admitted to a NON-ICU nursing unit identified at risk for Obstructive Sleep Apnea (OSA) based on the following criteria will receive a Respiratory Services consultation by nursing services for OSA risk prevention interventions. Respiratory Services will complete a bedside assessment to confirm OSA risks and if patient is confirmed at Risk for Undiagnosed or Diagnosed untreated OSA the patient will receive one of the following patient safety Interventions:

Non-Invasive Positive Pressure therapy or Non-Invasive Capnography monitoring interventions determined by the following criteria:

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## Clinical Criteria for Monitoring/Interventions

- a) *Undiagnosed Untreated OSA Defined as:* Any patient with Obstructive Sleep Apnea Score (aka Stop Bang Score) of greater than 4 on risk scale of 1 thru 8 that has **not** had a diagnostic sleep study or and does **not** currently utilize supportive Non-Invasive Positive Pressure therapy.
- b) *Diagnosed Untreated OSA Defined as:* Any patient with Obstructive Sleep Apnea Score (aka Stop Bang Score) of greater than 4 on risk scale of 1 thru 8 that has had a diagnostic sleep study with positive diagnosis of OSA and does not currently utilize supportive Non-Invasive Positive Pressure therapy.

## OSA Risk Prevention Interventions

Patients determined high risk Undiagnosed OSA will receive Respiratory Consult and Treat order for Non-Invasive Positive Pressure Therapy via auto titrating PAP therapy for sleeping or resting periods or Non- Invasive Capnography monitoring. These patients will be placed on auto-titrating CPAP (Auto-PAP) while sleeping to reduce risk of respiratory compromise while in facility care.

If patient refuses Auto-PAP therapy for sleep periods while in the facility, patient will be placed on Non-Invasive Capnography Monitoring during sleep periods in the facility. These patients will be referred to Outpatient sleep center at time of discharge for a diagnostic sleep study to confirm OSA diagnosis. In the event patient refuses both safety interventions Provider must be notified of patient refusal of risk prevention interventions. RCP will document refusal and Provider notification in clinical progress notes of EHR.

## Equipment Set-up and Initiation of patient monitoring

### Interface Selection:

- Obtain EtCO<sub>2</sub> monitor and Smart CapnoLine® from patient supply rooms. Primary starting line is the Smart Capnoline Plus (adult intermediate O<sub>2</sub> #9822) oral nasal sampling line that provides short-term 24-hour coverage and supplemental oxygen line.
- Select appropriate specialty sampling line if needed based on patient's respiratory pattern and need for supplemental oxygen. Starting interface choices include;
  - 1) Pediatric Smart Capnoline Oral/Nasal Sampling Line # 7269 (for patients with a smaller facial area) with oxygen supply capabilities)
  - 2) FilterLine H set (trach patients or patients on NIV that require inline circuit set up)

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- 3) Nasal Only Filterline #7739 for patients with intolerance to oral nasal filterline.
- 4) Capnoline H Plus oral/nasal filterline for patients with high humidity concerns

**NOTE:** Non-ventilator tracheostomy patients will require FilterLine H Set attached directly to distal end of trach tube. Patients on NIV bilevel or CPAP therapy via oral/nasal mask interface will require FilterLine H Set to be placed inline distal to the NIV mask in-line with the circuit.

- *Exceptions/Special Circumstance:* In the event a patient is utilizing a respiratory modality where monitoring cannot be inter-phased in conjunction with capnography line, the patient will be placed on continuous oximetry monitoring via capnography monitor until the patient can be transitioned to another modality or has intermittent use of that modality. Example patient wearing home NIV therapy with Nasal pillow interphase or patient with high flow oxygen modality and cannot be weaned i.e. Vapotherm or high flow oxygen mask.

#### **Monitor Initiation:**

- Insert Smart CapnoLine® into the EtCO<sub>2</sub> monitor port
- Educate patient and family on the purpose of EtCO<sub>2</sub> monitor, alarm feature, and patient interventions if the monitor alarms
- Apply Smart CapnoLine® to patient to allow sampling from the nose and mouth
- Place pulse ox sensor on the patient
- Administer supply oxygen as needed to maintain SpO<sub>2</sub> greater than 89%.
- Turn the monitor on and allow 30 seconds for waveform tracings to appear
- Enter patient type for IPI is correctly set: Adult Patients or Pediatric Patients (1-3 yrs, 3-6 yrs., and 6-12 yrs.).
- Evaluate End-tidal waveform to ensure accurate tracing and reading.
- IPI reading will be used to give you a summary of the patient status. IPI reading equal to 8 or greater is considered normal
- Document in EHR, ETCO<sub>2</sub>, SpO<sub>2</sub>, RR, and IPI score at set up then return start 1-hour to perform first Q4-hour check.
- Complete Q-4-hour checks until discontinued.

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## **Alarm Set Up:**

Alarm parameters are patient specific based on the patient's starting baseline and chronic disease status. Patients with specific respiratory difficulties (in contrast to normally healthy patients who are being monitored during sedation or pain management) may require a lower IPI Low Alert threshold to reflect their impaired respiratory capacity. The following are recommended default alarms:

- EtCO<sub>2</sub> High -60 mmHg
- EtCO<sub>2</sub> Low – 10 mmHg
- IPI 7
- Respiratory rate High – 35 breaths per minute
- Respiratory rate Low –6 breaths per minute
- No breath delay –30 seconds
- FiCo<sub>2</sub>-8 mmHg
- Pulse oximetry less than 90%

## **Patients with Chronic CO<sub>2</sub> Retention:**

Patients with known or suspected chronic CO<sub>2</sub> retention, as confirmed by current or previous blood gas analysis will require modification of alarm settings, set high EtCO<sub>2</sub> alarm limit at 10 above baseline value and set low alarm limit at 10 below baseline value. Set IPI at 6.

## **ETCO<sub>2</sub> Values Normal Adults**

ETCO<sub>2</sub> 35 to 45mmHg (in normal, healthy adults)

## **Device troubleshooting and Abnormal ETCO<sub>2</sub> Values potential causes**

- An EtCO<sub>2</sub> less than 35 mmHg indicates an increased respiratory rate or "Hyperventilation/ Hypo-capnia"
- An EtCO<sub>2</sub> more than 45 mmHg indicates respiratory depression or "Hypoventilation/ Hypercapnia"
- A sudden loss of EtCO<sub>2</sub> indicates no respiratory activity (apnea).
- Medical conditions that affect reliability of ETCO<sub>2</sub> values include: COPD (causing incomplete alveolar emptying)
- ARDS (causing a ventilation-perfusion mismatch)
- Pulmonary embolism and hypovolemia (causing un-perfused, but ventilated alveoli)

Capnography monitoring evaluates trends of the RR and ETCO<sub>2</sub> values, and should be assessed together. In the event the RR and ETCO<sub>2</sub> or IPI Index are changing the patient should be assessed and interventions considered as needed.

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## Indications for Interventions

- If ETCO<sub>2</sub> is 45-50 mmHg (Non-Chronic CO<sub>2</sub> retainer) for Chronic CO<sub>2</sub> retainers EtCO<sub>2</sub> that exceeds 15 Torr above patients established baseline value
- IPI Index of less than 7
- Abnormal (SP0<sub>2</sub> saturation, ETCO<sub>2</sub> Reading, HR, RR resulting in monitor alarms)

## Interventions:

- Attempt to stimulate and arouse the patient. If patient is immediately aroused and breathing normally, monitor until ETCO<sub>2</sub> level returns to baseline.
- Assure the airway is patent and patient position is optimal for ventilatory effort.
- Assess vital signs for decompensation (SP0<sub>2</sub> saturation, BP, HR, RR, and loss of consciousness (LOC)).
- Assess pain, level of sedation, and consider decreasing narcotic dose and/or frequency.
- Reposition patient head and neck to assure adequate respirations.
- Reposition the Smart CapnoLine® if necessary.
- Replace the Smart CapnoLine® if excessive moisture is suspected as excessive moisture may require high humidity line.
- Activate Rapid Response Team Protocol.
- Administer Naloxone Therapy to reverse Opioid effects.
- Consider obtaining ABG (RRT can also be consulted during this process).
- Application of NIV therapy with settings per RCP assessment to stabilize the patient followed by ABG analysis and provider notification within 45 minutes of initiation.
- Transfer patient to higher level of care until patient is stable.

## Interpretation of Monitoring Trends

When utilizing capnography monitoring during sedation, the emphasis should be placed on significant changes from the baseline waveform and numeric EtCO<sub>2</sub> value rather than an absolute number. Device must be placed at a minimum of 3 min prior to administration of sedation to obtain accurate baseline data.

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## **IPI INDEX SCORE SCALE**

<b>IPI</b>	<b>Patient Status</b>
10	Normal
8-9	Within normal range
7	Close to normal range; requires attention
5-6	Requires attention and may require intervention
3-4	Requires intervention
1-2	Requires immediate intervention

## **DOCUMENTATION**

RCP is responsible for checking and documenting monitoring checks every four hours until monitoring is discontinued.

## **DISCONTINUATION OF MONITORING**

RCP shall complete Respiratory Compromise Scored Assessment (RCA) to determine safe discontinuation of monitoring. If the patient passes all three categories of the RCA assessment, the monitoring is discontinued by RCP per policy. RCP will notify RN responsible for patient that monitoring has been discontinued and document in clinical progress notes RCA score detail and time of discontinuation.

In the event the patient cannot be liberated per assessment within 24 hours of monitoring initiation time, RCP will contact Provider for consultation of care.

In the event a Provider requests discontinuation of monitoring without completion of RCP assessment, provider must place discontinuation order in HER. No monitoring will be discontinued without executed Provider EHR order or RCP RCA assessment to discontinue monitoring.

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**Other Considerations:**

PRN Medication Change in Opioid Therapy Regimen:

In the event monitoring, has been discontinued by RCP assessment and patient has a change in Opioid pain regimen management that could result in new risk for Respiratory Compromise per RN assessment, RN should initiate a new RT Consult and Treat request for new RCE evaluation for capnography monitoring to Respiratory Services.

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**ATTACHMENTS:**

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## Respiratory Compromise Evaluation RCE

Check Applicable Patient Clinical Indications to determine Capnography Monitoring Classification Score to determine Risk Level and Capnography Monitoring Duration.

Evaluate Patient Based on following Risk Categories		RISK LEVEL
Neuraxial opioid analgesia spinal administration: Patients receiving Single-injection Neuraxial Hydrophilic Opioids injections – Morphine, Duramorph.	<input type="checkbox"/> YES	Level 5
Opioid Infusion Therapy Outside of PACU: Patients initiated or receiving Opioid therapy via PCA or continuous neuraxial opioid infusion, PCEA, or Epidural (excluding pregnant or post-partum & DNR/comfort measure only patient)	<input type="checkbox"/> YES	Level 4
Known or suspected OSA/Sleep Disorder <b>NOT</b> using NIV as prescribed that are receiving Opioid Therapy.	<input type="checkbox"/> YES	Level 4
Chronic Respiratory Disease with a severe acute respiratory problem that are receiving Opioid Therapy.	<input type="checkbox"/> YES	Level 4
Patients Condition: Respiratory Insufficiency requiring continuous NIV therapy per RCP assessment.	<input type="checkbox"/> YES	Level 4
Patients with the following acute conditions while receiving Opioid Therapy: <ul style="list-style-type: none"> <li>✓ Change in level of consciousness</li> <li>✓ End Stage Renal Disease</li> <li>✓ Age 65 and greater with decreased muscle mass, decreased liver &amp; renal function</li> </ul>	<input type="checkbox"/> YES	Level 4
Patients with Opioid Use: Opioids & Concomitant Sedatives/Medication Stacking/Other Sedating Medications.	<input type="checkbox"/> YES	Level 3
Patients receiving General Anesthesia within 1 to 2 hours of arrival/admission to NON ICU Unit	<input type="checkbox"/> YES	Level 3
Non ICU Patients with administration of Sustained or Extended-release Epidural Morphine	<input type="checkbox"/> YES	Level 3
Respiratory Insufficiency requiring continuous NIV therapy that are receiving Opioid Therapy.	<input type="checkbox"/> YES	Level 3
Critically Ill Post-Operative patient with ASA Score $\geq 3$ receiving opioids.	<input type="checkbox"/> YES	Level 3
History of Neurological compromise affecting chest wall function, nerve innervation, respiratory drive insufficiency such as Multiple Sclerosis or Myasthenia gravis receiving opioids.	<input type="checkbox"/> YES	Level 3
Single-Injection Neuraxial Lipophilic Opioids (e.g., Fentanyl)	<input type="checkbox"/> YES	Level 2
Patients receiving Moderate Sedation with no direct anesthesia provider.	<input type="checkbox"/> YES	Level 2
Patients receiving General Anesthesia within 3 to 6 hours of arrival/admission to NON ICU Unit	<input type="checkbox"/> YES	Level 2
Recent Unplanned Administration of Reversal Agents administered within 2 hours of arrival/admission.	<input type="checkbox"/> YES	Level 2
End Stage Renal Disease receiving opioids.	<input type="checkbox"/> YES	Level 2
New brain stem CVA and receiving opioids.	<input type="checkbox"/> YES	Level 2
Post-Operative patient Known or suspected OSA/Sleep Disorder using NIV as prescribed receiving opioids	<input type="checkbox"/> YES	Level 2
Anatomical/structure abnormalities that compromise the respiratory system, such as kyphosis or achondroplasia (dwarfism) receiving opioids.	<input type="checkbox"/> YES	Level 2
BMI > 40 receiving opioids	<input type="checkbox"/> YES	Level 2
Patient Does Not meet any of the Criteria included in the Respiratory Compromise Evaluation.	<input type="checkbox"/> YES	Level 1

Action Per Determined Risk Level					
Risk Classification	Level 5	Level 4	Level 3	Level 2	Level 1
	Start Continuous Monitoring for <b>24 hours</b> then Complete Respiratory Capnography Scored Assessment RCSA to determine need for continued monitoring.	Start Continuous Monitoring for <b>12 hours</b> then Complete Respiratory Capnography Scored Assessment RCSA to determine need for continued monitoring.	Start Continuous Monitoring for <b>8 hours</b> then Complete Respiratory Capnography Scored Assessment RCSA to determine need for continued monitoring.	Start Continuous Monitoring for <b>4 hours</b> then Complete Respiratory Capnography Scored Assessment RCSA to determine need for continued monitoring.	No Continuous Monitoring Indicated at this time.

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Respiratory Capnography Composite Score Assessment		
Evaluate Patient in all three Assessment Categories to determine Pass/Fail Status for Monitoring Liberation		
ASSESSMENT CATEGORY	Score	Pass/Fail
<b>POSS – Pasero Opioid-Induced Sedation Scale</b>		
S = Sleep, easy to arouse 1 = Awake and alert 2 = Slightly drowsy, easily aroused 3 = Frequently drowsy, arousable, drifts off to sleep during conversation 4 = Somnolent, minimal or no response to verbal and physical stimulation	Check One <input type="checkbox"/> S <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Pass Score = S or 1, or 2 Fail Score = 3 or 4 <input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>IPI Patient Status Integrated Pulmonary Index Values</b>		
10 Normal 8-9 Within normal range 7 Close to normal range; requires attention 5-6 Requires attention and may require intervention 3-4 Requires intervention 1-2 Requires immediate intervention	Check One <input type="checkbox"/> 10 <input type="checkbox"/> 8-9 <input type="checkbox"/> 7 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2	Pass Score = sustained value for at least two hours = 7 to 10 Fail Score = Below 7 <input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>RASS – Richmond Agitation-Sedation Scale</b>		
+ 4 Combative Overtly combative, violent, immediate danger to staff + 3 Very agitated Pulls or removes tube(s) or catheter(s); aggressive + 2 Agitated Frequent non-purposeful movement, fights ventilator + 1 Restless Anxious, but movements not aggressive or vigorous 0 Alert and calm -1 Drowsy Not fully alert, but has sustained awakening (eye opening/eye contact) to voice (≥10 seconds) -2 Light sedation Briefly awakens with eye contact to voice (<10 seconds) -3 Moderate sedation Movement or eye opening to voice (but no eye contact) -4 Deep sedation No response to voice, but movement or eye opening to physical stimulation -5 Unarousable No response to voice or physical stimulation	Check One <input type="checkbox"/> +4 <input type="checkbox"/> +3 <input type="checkbox"/> +2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/> -3 <input type="checkbox"/> -4 <input type="checkbox"/> -5	Pass Score = - 2 to + 4 Fail Score = lower than -2 <input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<b>Total Score</b>
<b>Pass Score</b> Must achieve a Passing Score in all 3 Assessment Categories to Discontinue Monitoring	<b>Fail Score</b> Failing Score in 1 or more Assessment Categories will require continues monitoring	<input type="checkbox"/> Pass- Discontinue Monitoring <input type="checkbox"/> Fail- Continue monitoring for 4 hours re-assess patient using Respiratory Capnography Scored Assessment Tool. If unable to discontinue monitoring after 48 hours contact provider for order to continue monitoring.
Comments:          		

*Hospital policies/procedures are guidelines for performance under optimal conditions and are not intended to replace professional judgement which is exercised on a case by case basis under existent circumstances.*

*Hospital policies/procedures are guidelines for performance under optimum conditions and are an adjunct to the hospital's Performance Improvement Program. These policies/procedures are not intended to replace professional judgment which is exercised on a case-by-case basis under existent circumstances.*