

## **Chest/ICU Physiotherapy Protocol**

### **First Steps**

- Check doctor's referral note for diagnosis and any precautions/contra-indications
- Discuss the patient's condition/progress with nurse regarding suitability for physio/plan of action
- Check and document patient's vitals
- Check patient's medication. Also liaise with nurses if patient needs pain medication before physiotherapy treatment
- Introduce yourself to the patient, and explain the purpose of your visit
- Check patient x-rays/scans
- Observe attachments to patient i.e., IV drips, drains, catheters, etc.

### **Patient Examination**

#### **Subjective:**

- Past and present medical history
- Occupation
- Medication
- Smoking history

#### **Objective:**

- Observation of position in/out of bed, posture, breathing rate, any signs of discomfort/respiratory distress
- Pain score (VAS)
- Check location of wound, dressings, any oozing
- Auscultation
- Chest shape, chest expansion
- Any signs of chronic cardiac/respiratory conditions i.e., clubbing, enlarged heart on CXR
- Explain your treatment plan to patient

#### **Treatment:**

- Decide on appropriateness of postural drainage; Position your patient accordingly
- P/S/V should be performed for about 5 minutes (or as tolerated)
- Thoracic expansion exercises as appropriate
- PEEP (can be done in combination with manual clearance techniques)
- IPPB (can be done in combination with manual clearance techniques, rib springing)
- Encourage active coughing; Teach supported coughing if patient has abdominal incisions; Perform assisted coughing if spinal cord injury
- Circulatory exercises where appropriate
- Pre-gait activities when appropriate, progressed to ambulation away from the bed where appropriate