	PEL/VIP	Effective Date: 7/1/2015
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PURPOSE To determine whether a sensation of breathlessness occurs in the recumbent position.

POLICY

A. The Respiratory therapist will evaluate every patient for orthopnea (checking the orthopnea box in the respiratory assessment form after a physical assessment and a written note stating that the patient elevates the head of the bed or chair to prevent SOB and not for some other reason).

B. Some Centers will be using a COPD Assessment Form per the request of the center. This will be included in the KRA. Orthopnea assessments will be performed quarterly as part of a complete respiratory assessment and will be a request for service function.

C. The results of the assessment will be documented on the Initial Respiratory Assessment Form or COPD Assessment Form. A written note must include supportive documentation to show if they have SOB while lying flat and what compensatory strategies are recommended or being implemented to prevent SOB.

D. If the orthopnea box is checked that the patient does not have orthopnea a written note with supportive documentation must include why the patient does not have SOB while lying flat.
*A vital assessment of the patient lying flat with no change in status is sufficient

E. The assessment shall include, but not limited to:

1. Position of the Patient
2. Assessment of vitals (HR, RR)
3. Quality of respirations
4. O2 Saturation
5. Auscultation- Breath Sound

PROCEDURE

A. **VERBAL**- during the Initial assessment of the patient:

1. Verbally ask the patient if they become short of breath when lying flat
2. If they answer "yes" ask them how do they reduce their SOB (pillows, bed elevation, lay on one side, sleep in chair etc.)
3. Determine sleeping position that patient uses to eliminate SOB (number of pillows, head of bead elevation, chair position etc)

3. Document patient strategies

4. If the patient answers "no" to SOB while lying flat ask them if you can lower the bed (or chair if it reclines) and perform a vital sign assessment and compare it to the initial assessment to compare any change in condition

5. Document Findings

B. **PHYSICAL**- during the Initial assessment of the patient:

1. Obtain initial patient vitals signs (include patient position)
2. Lay the patient to a high fowlers' position if patient is able and obtain vital signs
3. if patient tolerates position lower patient to standard fowlers' position and obtain vital signs
4. If patient tolerates position repeat process to semi-fowlers' position and obtain vital signs
5. If patient tolerates position repeat process to low-fowlers' position and obtain vital signs
6. If patient tolerates position repeat process to supine position and obtain vital signs
7. Stop procedure if vital signs increase of SOB occurs or if patient requests termination.
8. Document results and reason and position of physical assessment

Use words such as **Supine, Fowlers, High Fowlers, Semi Fowlers**

a. Fowler's Position

i. A person in the Fowler's position is sitting straight up or leaning slightly back. Their legs may either be straight or bent.

ii. A 'high fowlers' position is someone who is sitting upright. (A 90 degree angle)

iii. A 'standard fowlers' position is someone at a slight angle. (45-60 degrees)

iii. A 'semi fowlers' position is someone whose head is in a semi upright position. (30-45 degrees)

iii. A 'low fowlers' position is someone whose head is only slightly elevated. (15-30 degrees)

CONSIDERATIONS

1. Be sure to always monitor your patients' saturations, heart rate, breath sounds while performing this method

a. The following signs may indicate a respiratory problem:

i. Increase or decrease in RR, HR or Oxygen saturation

ii. Irregular pulse

6. Document on Initial respiratory assessment form.
    a. Check “Orthopnea box” yes or no on Initial respiratory assessment and document a written note under respiratory evaluations and/or notes/observations and a strategy under recommendations
    b.
    c. If the PHYSICAL method was used, document what position relieved patients’ shortness of breath.
    d. Document tolerance of procedure as well

1. Monitor non-verbal patients by performing vitals, but also look for signs of intolerance such as shortness of breath and restlessness.

CONTRAINDICATIONS

1. Inability to lie flat
2. Lightheadedness or dizziness
3. Respiratory distress
4. Vomiting
5. High risk for aspiration
6. Lethargy