



State of California
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Inquiry: The "interdisciplinary practice committee" of our institution has approved an "Albuterol Protocol". Under guidelines & criteria of this protocol, the RCP assesses the patient, chooses among 3 different albuterol administration modes (MDI and 2 different nebulization methods), and adjusts the dose and dosing interval of albuterol according to the severity of the patient's bronchoconstriction state and response to therapy. The RCP writes a "protocol order" for any change in albuterol therapy. Typically, the patient's physician will countersign these "protocol orders". Our questions are:

1. Is this practice allowable under the "Respiratory Care Practice Act" (B&P Code sections 3700-3706)?
2. Is physician counter-signature of RCP protocol drug orders necessary (or is the RCP's signature, alone, sufficient to authorize these protocol orders)?

Response: The protocol you have described in your inquiry is definitely within the scope of practice of a Respiratory Care Practitioner in California. Section 3702 of the B&P code specifically defines the protocol you have implemented. From a clinical practice perspective, there are really only two requirements that should be met whenever instituting such a protocol. One is that there is measurable parameters and outcomes that direct the dosing of the medication and two, that the protocol is approved by either the Medical Director of the Respiratory Care Department or some other medical staff committee, such as, interdisciplinary practice or pharmacy and therapeutics.

From an order perspective, I think it is reasonable to have the RCP, as part of the protocol, enter the appropriate assessment data along with the medication dosing as an order. Then it would be a matter of following your own institution's policy regarding co-signature or simply writing the order as a protocol by whoever the approval committee would be. This would meet the Department of Health Service's requirement of having the order on the chart.

Reference #: 2004-C-16