

Who are respiratory therapists?

FIVE “W’s”

As Respiratory therapy is a new and emerging field in PAKISTAN’S healthcare setups. The commonest questions that we Rts face start from these W’s or should I say all the questions that pop out in other people minds start from these W’s.

What is respiratory therapy?

Respiratory therapy is one of the nation’s most in-demand recent health care fields due to the prevalence and seriousness of pulmonary disease, and because respiratory problems are common with organ failure and cardiopulmonary disorders.

Who are respiratory therapists?

Respiratory health care providers who have strong critical thinking. Respiratory therapists are dedicated to breathing. Respiratory therapists (RTs) are highly skilled health care professionals. They care for patients by evaluating, treating, and maintaining cardiopulmonary (heart and lung) function. Respiratory therapists have specialized medical expertise and use advanced medical technology. They are educated to treat all age groups. Their knowledge of the scientific principles underlying cardiopulmonary physiology and path physiology, anatomy, pharmacology, microbiology as well as biomedical engineering and technology, enables them to effectively assess, educate and treat patients with cardiopulmonary disorders and patients who are on ventilators. Therapists participate in clinical decision-making and patient education, the development and implementation of protocols and treatment plans, health promotion, disease prevention and disease management.

Where do they work?

Respiratory therapists mostly work in high risk areas that include: Intensive care units Emergency department’s operating rooms Neonatal nurseries cardiac centers

Other areas included are cardiopulmonary rehab, asthma clinics, general wards. Educational institutions, wellness centers.

What do Rts do?

Rts have various roles in different settings. Respiratory therapists are specialists and educators in cardiology and pulmonology. Respiratory therapists are also advanced-practice clinicians in airway management; establishing and maintaining the airway during management of trauma, intensive care, and may administer anesthesia for surgery or conscious sedation. Respiratory therapists often are in charge of initiating and managing life support for people in intensive care units and emergency departments.

In the outpatient setting Respiratory Therapists are often educators in asthma clinics, and sleep-disorder diagnosticians in sleep-clinics. They also serve as clinical providers in cardiology clinics and cath-labs. Specialized in both cardiac and pulmonary care, Respiratory Therapists often collaborate with specialists in pulmonology and anesthesia in various aspects of clinical care of patients. A vital role in ICU is the initiation and maintenance of mechanical ventilation and the care of artificial airways. Outside of clinics and hospitals, Respiratory

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Therapists often manage home oxygen needs of patients and their families, providing around the clock support for home ventilators and other equipment for conditions like sleep apnea.

In the clinic or outpatient setting Respiratory Therapists assist with diagnosis and serve as an educator for patients suffering from cardiac and respiratory illness. In other settings Respiratory Therapists are found in schools as asthma educators, working with teachers and coaches about childhood symptoms of asthma and how to spot an emergency. Pulmonary rehabilitation may be initiated as a treatment as a source for continuity of improvement after a hospital stay or as a therapeutic way to increase quality of life. Pulmonary rehabilitation is intended to educate the patient, the family, and improve the overall quality of life and prognosis for the patient. Pulmonary Rehabilitation involves therapies and evaluations by Respiratory Therapists.

Why should we hire Rt?

Because we are dedicated to breathing. We educated, trained and skilled to take care of cardiopulmonary patients. We can provide respiratory care in intensive as well as critical care units. We have studied anatomy physiology pathology microbiology pharmacology cardiopulmonary diseases as well as we have studied special and advance respiratory care. This education helps us in airway management and assessment of patients. We intubate patients and manage them on ventilators till they are extubated. We work in asthma clinics not only perform spirometries but also interpret them, educate patient and family. Work in rehabs and help patients raise their living standards by improving their quality of life. Doctors do study medical subjects but they are not specialized in airway management, ventilators and neither is nurses dedicated to breathing. Unluckily we are always in need of extra help in high risk areas like ICUs, CCUs, and Cardiac Centers. Why can’t these extra helping hands be RTs who are trained and qualified to handle these stress situations. We want to work as a team for the betterment of people.

Need of the hour

In the end I would like to say we are not doctors and we don’t need to pose that. We are not specialized nurses don’t confuse us with them. We have our own separate domain and we are the part of health teams. In Pakistan right now Rts are only restricted to ICUs as they work on ventilators. I would say that we should not restrict our profession to any domain we have other skills, knowledge and talents. Other areas that need our attention like rehabs, cardiac centers, asthma clinics,

general wards. Although it is real hard to get recognized in a country which is already facing that many problems. With all its problems and worries Pakistan is ours and only we can help in making it a better place to live by playing our parts. Way to go Rts. Work hard. Work for the betterment of our people and make our healthcare providers realize that we are needed in health setups.

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Conflict of interest

The author declares no conflict of interest.