Beginning March 19, a new protocol for respiratory care, called “RCAT” or Respiratory Care Assess and Treat will be available.

What is RCAT?
- **RCAT** is a Respiratory Care Assess and Treat Protocol ordered by the provider.
- **RCAT** is a stand-alone protocol that addresses the patient’s respiratory needs and directs the respiratory therapist to treatment options that best match the patient’s needs.
- **RCAT** is a respiratory TREATMENT protocol, it is **not** an acuity scoring tool (such as PEWS or PRAM).
- **RCAT** does not replace standing organizational protocols or guidelines (such as Asthma or Bronchiolitis Advanced Order Sets).
- **RCAT** only covers patients receiving respiratory services provided by a respiratory therapist as delegated by the patient’s ordering provider. Initially, RCAT will not be ordered for patients in the NICU or CVCC.

Why are we using RCAT?
Many hospitals around the country and in the metro area use a similar tool. The goals of RCAT include:
- Appropriate level of therapy
- Real-time personalization of patient’s treatment plan 24/7
- Standard tools to support therapy goals and indications
- Reduce costs, length of stay

Where can I see the order?
RCAT appears on the orders list. RCAT is included in a number of PowerPlans that the ordering provider can select.

Do I need to do anything differently?
No. As in the past, nurses will continue to collaborate with respiratory therapists for their patients who have the RCAT order; RTs will now be able to place conditional treatment orders to advance the patient’s treatment plan.

Where can I find the patient's current treatment and response?
You can look in the following specialty flowsheets:
- Med Surg
- PICU
- Pulmonary
- PICU QV
- Med Surg QV
- Cardiology
- Nursing QV

How is RCAT discontinued?
RCAT is discontinued when the patient is discharged or the provider discontinues the order. If there is no RCAT intervention for 72 hours, the order is suspended.

What if I think the patient needs to be re-evaluated?
- If the RN would like the patient re-evaluated, they just need to contact RT.
- The Rapid Response Team is always an option; RCAT **does not** replace the Rapid Response Team.

For questions about RCAT, contact Cheryl Trocke-Fowler, respiratory care manager, at 612-813-6890.