152B.3 Performance of respiratory care.

1. The performance of respiratory care shall be in accordance with the prescription of a licensed physician or surgeon or a qualified health care professional prescriber and includes but is not limited to the diagnostic and therapeutic use of the following:

a. Administration of medical gases, aerosols, and humidification, not including general anesthesia.

b. Environmental control mechanisms and paramedical therapy.

c. Pharmacologic agents relating to respiratory care procedures.

d. Mechanical or physiological ventilatory support.

e. Bronchopulmonary hygiene.

f. Cardiopulmonary resuscitation.

g. Maintenance of the natural airways.

h. Insertion without cutting tissues and maintenance of artificial airways.

i. Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of pulmonary abnormalities, including measurement of ventilatory volumes, pressures, and flows, collection of specimens of blood, and collection of specimens from the respiratory tract.

j. Analysis of blood gases and respiratory secretions.

k. Pulmonary function testing.

l. Hemodynamic and physiologic measurement and monitoring of cardiac function as it relates to cardiopulmonary pathophysiology.

m. Invasive procedures that relate to respiratory care.

2. A respiratory care practitioner may transcribe and implement a written or verbal order from a licensed physician or surgeon or a qualified health care professional prescriber pertaining to the practice of respiratory care.

3. This chapter does not authorize a respiratory care practitioner to practice medicine, surgery, or other medical practices except as provided in this section.

85 Acts, ch 151, §3

CS85, §135F.3

C93, §152B.3

2009 Acts, ch 41, §263; 2012 Acts, ch 1041, §5, 6; 2012 Acts, ch 1138, §52, 53

Referred to in §152B.1, 152B.5, 152B.7A, 152B.11

[T] Subsection 1, unnumbered paragraph 1 amended

[T] Subsection 2 amended