CHAPTER 265
PRACTICE OF RESPIRATORY CARE PRACTITIONERS

645—265.1(152B,272C) Code of ethics.

265.1(1) The respiratory care practitioner shall practice acceptable methods of treatment and shall not practice beyond the competence or exceed the authority vested in the practitioner by physicians.

265.1(2) The respiratory care practitioner shall continually strive to increase and improve knowledge and skill and shall render to each patient the full measure of the practitioner's ability. All services shall be provided with respect for the dignity of the patient, regardless of the patient's social or economic status or personal attributes or the nature of the patient's health problems.

265.1(3) The respiratory care practitioner shall be responsible for the competent and efficient performance of assigned duties and shall expose incompetent, illegal or unethical conduct of members of the profession.

265.1(4) The respiratory care practitioner shall hold in confidence all privileged information concerning the patient and refer all inquiries regarding the patient to the patient's physician.

265.1(5) The respiratory care practitioner shall not accept gratuities and shall guard against conflict of interest.

265.1(6) The respiratory care practitioner shall uphold the dignity and honor of the profession and abide by its ethical principles.

265.1(7) The respiratory care practitioner shall have knowledge of existing state and federal laws governing the practice of respiratory therapy and shall comply with those laws.

265.1(8) The respiratory care practitioner shall cooperate with other health care professionals and participate in activities to promote community, state, and national efforts to meet the health needs of the public.

645—265.2(152B,272C) Intravenous administration. Starting an intravenous line or administering intravenous medications is not considered a competency within the scope of a licensed respiratory care practitioner. However, this rule does not preclude a licensed respiratory care practitioner from performing intravenous administration under the auspices of the employing agency if formal training is acquired and documented.

645—265.3(152B,272C) Polysomnography testing. Rescinded IAB 8/15/07, effective 9/19/07.

645—265.4(152B,272C) Setup and delivery of respiratory care equipment.

265.4(1) Unlicensed personnel may deliver, set up, and test the operation of respiratory care equipment for a patient but may not perform any type of patient care. Instruction or demonstration of the equipment shall be limited to its mechanical operation (on and off switches, emergency button, cleaning, maintenance). Any instruction or demonstration to the patient regarding the clinical use of the equipment, the fitting of any device to the patient or making any adjustment, or any patient monitoring, patient assessment, or other procedures designed to evaluate the effectiveness of the treatment must be performed by a licensed respiratory therapist or other licensed health care provider allowed by Iowa law.

265.4(2) Respiratory care equipment includes but is not limited to:

a. Positive airway pressure (continuous positive airway pressure and bi-level positive airway pressure) devices and supplies;

b. Airway clearance devices;

c. Invasive and noninvasive mechanical ventilation devices and supplies;

d. Nasotracheal and tracheal suctioning devices and supplies;

e. Apnea monitors and alarms and supplies;

f. Tracheostomy care devices and supplies;

g. Respiratory diagnostic testing devices and supplies, including but not limited to pulse oximetry, CO_2 monitoring, and spirometry devices and supplies; and

h. Pulse-dose or demand-type oxygen conserving devices or any oxygen delivery systems beyond the capabilities of a simple mask or cannula or requiring particulate or molecular therapy in conjunction with oxygen.

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These rules are intended to implement Iowa Code chapters 147, 152B, and 272C.

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