

ALABAMA STATE BOARD OF RESPIRATORY THERAPY  
ADMINISTRATIVE CODECHAPTER 798-X-4  
SCOPE OF PRACTICE

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The Scope of Practice for a licensed respiratory therapist is defined in Section 34-27B-2, Code of Ala. 1975. Respiratory therapy or care includes, but is not limited to, the following activities conducted upon written prescription, verbal order, or medically approved protocol:

(1) Direct and indirect pulmonary care services that are safe, aseptic, preventive, or restorative to the patient.

(2) Direct and indirect respiratory therapy or care, including, but not limited to, the administration of pharmacologic, diagnostic, and therapeutic agents related to respiratory therapy procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician.

(3) Observation and monitoring of signs and symptoms, general behavior, and general physical response to respiratory therapy treatment and diagnostic testing and determination of whether such signs, symptoms, reactions, behavior, or general responses exhibit abnormal characteristics and implementation, based on observed abnormalities, of appropriate reporting or referral practices or prescribed and medically approved respiratory therapy protocols or appropriate changes in a treatment regimen, pursuant to a prescription by a physician, or the initiation of emergency procedures.

(4) The diagnostic and therapeutic use of any of the following, in accordance with the prescription of a physician:

(a) Administration of medical gases, excluding for purposes of anesthesia.

(b) Aerosols.

(c) Humidification.

- (d) Environmental control systems and hyperbaric therapy.
  - (e) Pharmacologic agents related to respiratory therapy procedures, excluding administration of intravenous medications except those necessary for maintenance of patency of intravenous and intra-arterial lines.
  - (f) Mechanical or physiological ventilatory support.
  - (g) Bronchopulmonary hygiene.
  - (h) Cardiopulmonary resuscitation
  - (i) Maintenance of natural airways.
  - (j) Insertion without cutting tissues and maintenance of artificial airways.
  - (k) Diagnostic and testing techniques required for implementation of respiratory therapy protocols.
  - (l) Invasive or noninvasive collections of specimens of blood and other body fluids including specimens from the respiratory tract.
  - (m) Collections of inspired and expired gas samples.
  - (n) Analysis of blood, and gases, and respiratory secretions.
  - (o) Measurements of ventilatory volumes, pressures, and flows.
  - (p) Pulmonary function testing.
  - (q) Hemodynamic monitoring and other related physiologic measurements of the cardiopulmonary system.
  - (r) Respiratory telecommunications.
  - (s) Cardiopulmonary disease management
  - (t) Tobacco cessation
- (5) The transcription and implementation of the written and verbal orders of a physician pertaining to the practice of respiratory therapy.
- (6) Institution of known and medically approved protocols relating to respiratory therapy in emergency situations in the absence of immediate direction by a physician and institution of specific procedures and diagnostic testing related to

respiratory therapy as ordered by a physician to assist in diagnosis, monitoring, treatment and medical research.

(7) Delivery of respiratory therapy procedures, instruction, and education of patients in the proper methods of self-care and prevention of cardiopulmonary diseases and other conditions requiring the use of respiratory therapy equipment or techniques.

**Author:** The Alabama State Board of Respiratory Therapy

**Statutory Authority:** Code of Ala. 1975, §§34-27B-1 thru 34-27B-17.

**History: New Rule:** Filed May 16, 2005; refilled August 10, 2005; effective September 14, 2005. **Amended:** Filed March 24, 2006; effective April 28, 2006.