Choosing Wisely Canada™

CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

Respiratory Therapy Recommendations

The CSRT is proud to work with CWC to reduce unnecessary tests and treatments.

1	Don't start or continue life supporting interventions (e.g., mechanical ventilation) unless they are consistent with the patient's values and realistic goals of care. This applies to in- and out-of-hospital interventions.
2	Don't continue mechanical ventilation without a daily assessment of the patient's ability to breathe spontaneously in coordination with awakening trials ("sedation vacation").
3	Don't perform routine arterial blood gas testing or suggest routine investigations such as chest radiographs or other blood tests in critically ill patients except to answer a specific clinical question.
4	Don't use palliative oxygen therapy to treat non-hypoxemic dyspnea unless the patient is exercising.
5	Don't treat bronchiolitis with aerosolized respiratory therapeutics.
6	Don't recommend long-term inhalers in a stable patient with suspected COPD unless spirometry testing indicates post-bronchodilator airflow obstruction (post-bronchodilator FEV1.0/FVC < 70%).
7	Don't recommend long term respiratory pharmacological management for asthma in patients ≥ 6 years of age without verifying that objective testing has been performed to confirm the diagnosis.
8	Don't recommend greenhouse gas-intensive metered-dose inhalers (MDIs) for asthma and/or COPD where an alternative inhaler with a lower carbon footprint (e.g., dry powder inhaler [DPI], soft-mist inhaler, or MDI with a low greenhouse gas potential propellant) containing medications with comparable efficacy is available, where the patient has demonstrated adequate technique, and patient preference has been considered.

Scan here for more information on these recommendations, including the evidence base and rationales.