Music

People, breathe all the time. It’s something that we don’t think about. It’s something that we do naturally.

My name’s Emily Horning and I’m a registered Respiratory Care Therapist at Mercy Health Fairfield Hospital.

I have two types of patients, those that breathe and those types of patients that don’t breathe. Sometimes patients understand their breathing and sometimes people have no idea, but we come in and we help them understand. We help them manage their breathing. We help give medicine to control their breathing, and sometimes when it becomes a critical situation, we breathe for them.

A typical day as a Respiratory Therapist is similar to a nurse. Day to day, we could have an easy day where everyone’s breathing well, but then intermittently, there are emergencies that we run to.

Respiratory Emily, how can I help you?

I work three days a week, a twelve hour shift and within that twelve hour day, I see a patient at least three times.

I start the morning with my initial round. I visit each patient. I visually assess them. I check their oxygenation using a pulse-oxymeter. I also listen to their breath sounds with my stethoscope. And I can then determine their medicine, given by the doctor’s order.

Then I will see them approximately three to four hours later to make sure they’re still trending upward. A lot of times we do come into situations where our patients aren’t getting better and they’re getting worse. And that’s when we start communicating with the doctors and the nurses.

Sound of pulse/blood pressure machine.

My job entails seeing lots of types of patients. Everyone who breathes. A big part is managing the oxygenation of a patient.

All people in the environment are breathing the atmospheric 21 percent oxygen, so we supplement that percentage. If they need a lot of supplemental oxygen, something’s wrong.

We can hear fluid in the lungs. We can hear when lungs aren’t opening with air, and we can determine where the problem is. We also use x-rays. We use CT-scans to determine what type of fluid it is and sometimes we even use MRIs. So we use a lot of diagnostic skills when we’re teaming up with the nurses and the doctors to determine what’s really going on.

My job is to then ventilate, meaning get the bad air out, whether non-invasively or invasively.

We can try a non-invasive method to ventilate the patient such as a bi-pap machine. It’s a machine that kind of blows air in and then pulls air out. Sometimes it’s not enough, and sometimes this is where we decide to take over the patient’s breathing because they can’t do it on their own. This is where the doctor decides to intubate a patient. Intubate, meaning put the tube down your airway in order to connect you to a mechanical ventilator. We are the people who help run the life support.

This is the most exciting part of my job but it can be the most challenging. This is someone’s family member so it can be very serious, but it can be very rewarding when you see that patient come back and you’re able to take that tube away and ween that ventilator back, and take your support back, and then that patient is breathing on their own again. And that’s really cool to help somebody breathe again.

Respiratory Emily, how can I help you?

One of the big parts of my education was the clinical experience and getting out there and being with patients, getting comfortable with patients. And that’s only something that you can really learn how to do on the job.

The level of education currently needed is an Associate’s Degree of Applied Science in Respiratory Care Technology. It’s a two year degree but there are fundamental courses that you need to get into that. Once you’re in your two-year program, you're in Clinicals. Most of your education is being on-site, in hospitals, in diagnostic testing labs, so that really made a difference for me.

You have to be able to understand that numbers kind of draw a picture in the body. So there are lots of ways to gear your subjects to getting a good base and foundation. I would focus on the chemistry, the physics, the biology, any communications courses, any math courses like algebra and even calculus.

I would advise students, if they’re interested in working anywhere in a hospital or with a patient population, to be a transporter. Getting those little jobs, those feet-in-the-door moments that can then support you to decide whether or not you want to be a nurse, you want to be a respiratory care therapist. Maybe you want to be a doctor. So you can get an idea of how a hospital works. Get the feel of it, and then you’ll be encouraged to do it. And then you’ll be in a community of people that have already done it.

There’s lots of things that we can do to help people breathe better. Sometimes it takes convincing. But that’s just part of the job: speaking with people, educating them on how they can have a better quality of life. And that’s a part of the job that I enjoy.

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