Respiratory compromise needs a useful definition

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Without a clear and standardized set of criteria to classify whether or not a person is experiencing RC, researchers have defined their own and these differences across studies make findings noncomparable. As an extension, without a useful case definition—one with which we are able to definitively classify or exclude occurrences—disease surveillance, the ongoing and continuous collection and analysis of health information useful for the purposes of planning and evaluating public health interventions, is not possible.

This brings up some important questions: Why the current RC campaign? Why now? Where is the study showing an increase in RC detection that stimulated the NAMDRC conference? If the campaign is evidence based, where is the evidence? The formulation of the RC campaign may very well have been instigated by clinicians drawing from their experiences and observations—again, there is no dispute that such a period exists—however, moving forward I encourage those interested in redefining RC do so in consultation of the literature.

The monograph [1] states that its authors hope to stimulate further research in the area of RC. Here is my wish list for researchers heeding this call: create an evidence-based, comprehensive, and objective case definition. The goal here should be to provide clinicians and researchers with a mutually exclusive, collectively exhaustive set of criteria to determine cases and noncases. As noted, there is a dearth of research on RC, specifically with cited reports focusing on events suggested to be a result of RC, so there will need to be an element of creativity. I would suggest reviewing the literature for significant and measurable predictors of measurable outcomes such as respiratory failure, mortality, intubation, etc. This may paint a clinical picture of the window preceding these outcome events, which I “think” is RC.

REFERENCE
1. Morris TA, Gay PC, MacIntyre NR, Hess DR, Hanneman SK, Lamberti JP, et al. Respiratory compromise as a new paradigm for the care of vulnerable hospitalized patients. Respir Care [Internet]. 2017 Apr 1 [cited 2018 Jul 31];62(4):497–512. Available from: http://www.ncbi.nlm.nih.gov/pubmed/28341777