

<b>CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)</b>		
Name: _____ Date: _____ License # _____		
<p>The goal of CPAP is to improve ventilation and oxygenation in an effort to avoid intubation in patients who present with severe respiratory distress.</p> <p>A. <u>Assessment/Treatment Indicators</u>: CPAP is authorized for use in patients who are age 8 or older with one of the following:</p> <ol style="list-style-type: none"> <li>1. Congestive Heart Failure (CHF) with acute pulmonary edema</li> <li>2. Near drowning/submersion</li> <li>3. Other causes of severe respiratory distress, excluding trauma</li> </ol> <p>B. <u>Contraindications</u>:</p> <ol style="list-style-type: none"> <li>1. Respiratory or cardiac arrest</li> <li>2. Failing respirations</li> <li>3. Inability to maintain airway</li> <li>4. Severely depressed level of consciousness (LOC)</li> <li>5. Systolic blood pressure &lt; 90mmHg</li> <li>6. Signs and symptoms of pneumothorax</li> <li>7. Major trauma, especially head injury or suspected chest injury</li> <li>8. Facial anomalies or inability to obtain a mask seal</li> </ol> <p>C. <u>Relative Contraindications</u>:</p> <ol style="list-style-type: none"> <li>1. Decreased LOC</li> <li>2. Claustrophobia or unable to tolerate mask</li> </ol>		
<p><u>Equipment</u>:</p> <ol style="list-style-type: none"> <li>1. CPAP (pressure generator and circuit set with ability to deliver 7.5 cm to 10 cm of H<sub>2</sub>O pressure with appropriate sized facemask and straps).</li> </ol>	<ol style="list-style-type: none"> <li>2. Nebulizer, if required for bronchodilator administration</li> <li>3. Oxygen source</li> <li>4. Cardiac monitor</li> </ol>	
<b>Performance Criteria</b>	<b>Pass</b>	<b>Fail</b>
1. Use universal precautions.		
2. State indications and contraindications.		
3. Position the patient in a seated position with legs dependant.		
4. Apply cardiac monitor and assess vital signs.		
5. Repeat vital signs every five minutes; SpO <sub>2</sub> must be used to continuously monitor the patient's oxygen saturation.		
6. Treat the patient according to appropriate treatment policy (i.e. pulmonary edema).		
7. Set up the CPAP system following manufacturer directions.		

Effective: January 1, 2010  
Supersedes:

Approved: Signature on File  
Medical Director

Signature on File  
EMS Administrator

**TITLE: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)  
PERFORMANCE CRITERIA**

EMS Policy No. 2554

Performance Criteria		Pass	Fail
8.	Explain the procedure to the patient. It is important to reassure the patient throughout the procedure.		
9.	Verify that oxygen is flowing to the mask and then apply mask.		
10.	Do not exceed 10 cm of H <sub>2</sub> O pressure.		
11.	Continuously monitor patient for improvement or failure to improve.		
12.	The patient should improve in the first five minutes with CPAP, evidenced by decreased heart rate and blood pressure, decreased respiratory rate and an increased SpO <sub>2</sub> .		
13.	If the patient does not improve or becomes worse with CPAP, remove the CPAP device and assist ventilations with BVM as needed.		
14.	Notify the receiving hospital of the type of CPAP device that is being used.		
15.	<b>DOCUMENTATION:</b> A. The use of CPAP must be documented on the patient care record. B. Vital signs to include heart rate, blood pressure, respiratory rate, and SpO <sub>2</sub> must be documented every 5 minutes. C. Narrative documentation should include a description of the patient's response to treatment. D. Additional narrative documentation should include if the patient does not respond to CPAP and endotracheal intubation is required.		

Please provide comments for any item that is marked as failed: \_\_\_\_\_

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Name & Signature of Evaluator

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Date

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Medical Director

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