

Kittitas County Prehospital EMS Protocols

SUBJECT: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Indications for the use of C-PAP are a patient who is in respiratory distress with signs and symptoms consistent with asthma, CHF, COPD, pneumonia, or pulmonary edema **and** who is:

- A. Awake
- B. Able to follow commands
- C. Able to maintain an open airway
- D. Over 12 years old
- E. Able to achieve proper mask fit
- F. And exhibits two or more of the following:
 - 1. Respiratory rate >25/min
 - 2. SPO2 of less than 94% at any time
 - 3. Use of accessory muscles during respirations

Contraindications

- A. Respiratory arrest / apneic
- B. Suspected pneumothorax
- C. Chest trauma
- D. Tracheostomy
- E. Actively vomiting
- F. Signs / symptoms of Upper GI bleed

Equipment

CPAP unit

CPAP face mask with tubing

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Procedure

- A. Explain the procedure to the patient
- B. Ensure adequate oxygen supply to CPAP device
- C. Place the patient on continuous pulse oximetry
- D. Ensure ECG monitor in place
- E. Place CPAP mask over patient's mouth and nose
- F. Secure the mask with provided straps or other provided devices
- G. Use 5cm - 10cm H₂O of PEEP valve
 - a. 5cm max for COPD and Asmatic patients
 - b. 10cm max for other qualifying patients
- H. Check for air leaks
- I. Monitor and document the patient's respiratory response to treatment
- J. Check and document vital signs every 5 minutes
- K. Administer appropriate medications per protocols based upon signs and symptoms present
- L. Continue to coach patient to keep mask in place and adjust as needed
- M. Contact ED to advise them of CPAP initiation
- N. If respiratory status deteriorates, remove device and consider intermittent positive pressure ventilation via BVM and/or placement of endotracheal tube

Special Considerations & Removal Procedure for C-PAP

- A. C-PAP therapy needs to be continuous and should not be removed unless the patient cannot tolerate the mask or begins to vomit or experiences respiratory arrest.
- B. Intermittent positive pressure and/or placement of an endotracheal tube should be considered if the patient is removed from C-PAP therapy.