CPAP/BiPAP Administration

☐ Medical Control Authorities choosing to adopt this optional protocol may do so by selecting this check box.

- ☐ BLS
- ☐ LALS
- ☐ ALS

Purpose: The CPAP portion of the protocol may be utilized by BLS/LALS/ALS agencies that have completed CPAP training, approved by the MCA, and are equipped with CPAP Equipment including pulse oximetry. **BiPAP use is limited to ALS** agencies that have completed BiPAP training, approved by the MCA, and are equipped with BiPAP Equipment. For use of this protocol, patients must meet the Inclusion Criteria. Contraindicated patients and those that do not meet the inclusion criteria will be treated according to existing protocols without the application of CPAP/BiPAP.

Indications:

Severe respiratory distress not responding to initial treatment with any of the following:

1. CHF/Pulmonary edema/near drowning
2. Hypoxia, i.e., SaO2 less than 92% on supplemental oxygen.
3. Acute exacerbation of asthma/COPD.

Contraindications:

1. Respiratory/cardiac arrest.
2. B/P less than 90mmHg.
3. Unresponsive to speech.
4. Inability to maintain patent airway.
5. Major trauma, pneumothorax, penetrating chest trauma.
6. Vomiting or active GI bleeding with emesis.
7. Unstable facial fractures.
8. Patient with aspiration risk/history.

<u>Pre-Medical Control</u>
EMT/SPECIALIST/PARAMEDIC
Procedure

1. EXPLAIN THE PROCEDURE TO THE PATIENT.
2. Apply CPAP/BiPAP per manufacturer's recommendations.
3. Place the patient on continuous pulse oximetry.
4. Secure the mask with provided straps and tighten to obtain a good seal, check for air leaks
5. Continue to coach the patient to keep the mask in place, readjust as needed.
6. Advise medical control of CPAP/BiPAP use during radio report.

7. If respiratory status deteriorates, remove the device and assist ventilations with a BVM/supplemental O2; place an appropriate airway control device.

PARAMEDIC

8. Place the patient on cardiac monitor and record rhythm and vital signs.
9. Administer medications, per respiratory distress protocol, as indicated.

Post-Medical Control

1. Consider sedation to reduce anxiety per **Patient Sedation Procedure**.

Removal Procedure

1. CPAP/BiPAP therapy needs to be continuous and should not be removed unless the patient cannot tolerate the mask or has marked deterioration including respiratory arrest, decreasing LOC or patient may vomit.
2. Assist ventilations as necessary

Special Notes:

1. Do not remove CPAP/BiPAP until hospital therapy is ready to be placed on the patient.
2. Watch the patient for gastric distention.
3. CPAP/BiPAP may be used on DNR patients not in arrest.
4. Due to changes in cardiac preload and afterload during CPAP/BiPAP therapy, a complete set of VS must be obtained every 10 minutes (5 minutes in short transport situations).