

AIRWAY - CPAP

04/16/2020

[EMT, A-EMT, EMT-I, PARAMEDIC]

INDICATIONS	<ol style="list-style-type: none">1. CHF2. COPD3. Respiratory Distress4. Bariatric patients with respiratory distress or hypoxia (SpO₂<92%) when placed in a supine position or LBB.
INCLUSION CRITERIA	Respiratory distress with any of the following: <ol style="list-style-type: none">1. Retractions or accessory muscle use2. Pulmonary edema3. Hypoxia despite supplemental oxygen (SpO₂ <92%)4. Respiratory fatigue5. Respiratory rate>256. Bridge to intubation
EXCLUSION CRITERIA	<ol style="list-style-type: none">1. Resp/Cardiac Arrest2. BP < 90 Systolic3. Unresponsive to speech, GCS<9, unless being used to bridge to intubate.4. Inability to maintain patent airway5. Major Trauma/Pneumothorax6. Vomiting or active GI bleeding7. Asthma8. Not indicated for pediatric patients.
PROCEDURE	<ol style="list-style-type: none">1. Monitor vital signs every ten minutes,<ul style="list-style-type: none">• 1st set with SpO₂ at room air or home oxygen2. Oxygen therapy, NRB Mask3. Administer CPAP using max. FiO₂<ul style="list-style-type: none">• COPD 5cm H₂O• CHF 10cm H₂O4. If patient is stable/improving, continue CPAP, reassess and consider decreasing FiO₂ to maintain SpO₂ ≥ 94%5. If the patient is Agitated/Claustrophobic with mask placement. Consider administration of Midazolam/Versed-Paramedic Only6. If patient is deteriorating, consider intubation– See RSI Protocol-Paramedic Only