

# Continuous Positive Airway Pressure<sup>5.3</sup> (CPAP)

## ADVANCED EMT STANDING ORDERS

### INDICATIONS

- Spontaneously breathing patient in severe respiratory distress due to Asthma/COPD, Congestive Heart Failure / Pulmonary Edema, Pneumonia or Drowning.

### CONTRAINDICATIONS

- Cardiac/Respiratory arrest.
- Unable to follow commands.
- Unable to maintain their own airway.
- Agitated or combative behavior.
- Vomiting and/or active upper GI bleed.
- Respiratory distress secondary to trauma.
- Suspicion of pneumothorax.
- Pediatric patient who is too small for the masks size available.

### PROCEDURE

**A**

1. **Ensure adequate oxygen supply for CPAP device.**
2. Explain procedure to patient. Be prepared to coach patient for claustrophobia or anxiety.
3. Place patient in upright position. Apply pulse oximetry, capnography nasal capture device and ECG as available and trained.
4. Choose appropriate sized device mask for patient, assemble the CPAP device, attach to oxygen supply and insure oxygen is flowing (follow manufacturers directions for preparation for your particular device).
5. Place mask over face and secure with straps until minimal air leak.
6. Adjust Positive End Expiratory Pressure (PEEP) to 5-10 cmH<sub>2</sub>O to effect for patient condition.
7. Recheck mask for leaks and adjust straps as needed to minimize air leaks.
8. Reassure anxious patient.
9. Monitor pulse oximetry, quantitative waveform capnography and ECG as available and trained.
10. If patient stabilizes, maintain CPAP for duration of transport and notify receiving hospital to prepare for a CPAP patient.
11. If patient begins to deteriorate, discontinue CPAP and assist respirations by BVM
12. Document CPAP procedure, including time and provider. Document serial pulse oximetry and capnography readings to demonstrate effects.

## PARAMEDIC STANDING ORDERS

**P**

- Consider supraglottic airway, intubation
- Consider Rapid Sequence Intubation (if trained and credentialed)
- Consider administering anxiolytic:
  - Midazolam 2.5mg IV/IN may repeat once in 5 minutes or; 5mg IM may repeat once in 10 minutes **OR**
  - Lorazepam 0.5 – 1mg IV may repeat once in 5 minutes or; 1 – 2mg IM may repeat once in 10 minutes **OR**
  - Diazepam 5mg IV (then 2.5mg every 5 minutes to total of 20mg)



Administer benzodiazepines with caution in patients with signs of hypercarbia.