


INITIATION & MONITORING OF CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Document Owner: E. Levasseur	Program/Service Area: Centre for Prehospital Care	Issue Date: April 2009
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Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services	Frequency: As Required, in accordance with the Continuous Positive Airway Pressure Medical Directive.	
Signature: 		

Purpose: To ensure a consistent standardized practice for the initiation and monitoring of continuous positive airway pressure (CPAP).

	Content	Details								
1.	Ensure that the patient qualifies for the appropriate medical directive, or contact a Base Hospital Physician (BHP) for further direction.									
2.	Communicate the need for CPAP and its effects to the patient and/or family member whenever possible									
3.	Place the patient in a seated upright position and ensure they can maintain that position at all times.									
4.	Wear appropriate PPE & securely fasten the CPAP mask to the patients face ensuring a complete seal									
5.	Depending on the available device, initiate CPAP as per the recommended parameters Note: Some Paramedic Service have elected to utilize the following settings, Initial Setting: 5cm H2O Titration Increment: 5cm H2O Maximum Setting: 15cm H2O	<table border="1"> <tr> <td>Initial Setting</td> <td>5 cm H2O (or equivalent flow rate of device as per BH direction)</td> </tr> <tr> <td>Titration increment</td> <td>2.5 cm H2O (or equivalent flow rate of device as per BH direction)</td> </tr> <tr> <td>Titration Interval</td> <td>5 minutes</td> </tr> <tr> <td>Maximum Setting</td> <td>15 cm H2O (or equivalent flow rate of device as per BH direction)</td> </tr> </table>	Initial Setting	5 cm H2O (or equivalent flow rate of device as per BH direction)	Titration increment	2.5 cm H2O (or equivalent flow rate of device as per BH direction)	Titration Interval	5 minutes	Maximum Setting	15 cm H2O (or equivalent flow rate of device as per BH direction)
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6.	Consider increasing the FiO2 (if available)	<table border="1"> <tr> <td>Initial FiO2</td> <td>50-100%</td> </tr> <tr> <td>FiO2 increment</td> <td>SpO2 < 92% despite treatment and/or at 10 cm H2O or equivalent flow rate of device as per BH direction</td> </tr> <tr> <td>Max FiO2</td> <td>100%</td> </tr> </table>	Initial FiO2	50-100%	FiO2 increment	SpO2 < 92% despite treatment and/or at 10 cm H2O or equivalent flow rate of device as per BH direction	Max FiO2	100%		
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7.	View the manometer upon exhalation to confirm the correct pressure setting (if available)									
8.	Initiate transport to the receiving facility priority 4 CTAS 1 and patch to the charge nurse	CPAP therapy should be continued until arrival in the emergency department; however it can be interrupted momentarily to administer salbutamol or nitroglycerin.								
9.	Emergency Medical Services (EMS) will continue CPAP until a Respiratory Therapist (RT) is able to transfer the									

	<p>patient to Bi-level Positive Airway Pressure (BIPAP) or a Medical Doctor (MD) discontinues CPAP. In the event of an offload delay, EMS will follow the locally established process and continue monitoring the patient.</p>	
10.	<p>Document the procedure on the patient care record as per the Ministry of Health and Long Term Care Emergency Health Services Branch Ambulance Call Report Documentation Standards and your Service Provider policy which includes:</p> <ul style="list-style-type: none"> • Initial CPAP setting in cmH₂O • Titration increment/interval • time of attempt • associated equipment used 	
11.	<p>Document patient condition before and after CPAP initiation.</p>	

Expected Outcome: To successfully perform initiation and monitoring of continuous positive airway pressure (CPAP).