



Bend Fire & Rescue EMS Performance Standards

Continuous Positive Airway Pressure (CPAP) – 3.1.8

Performance Objective

- To allow for effective oxygenation / ventilation through improved gas exchange at the alveolar level.

Equipment Needed

- PPE
- CPAP Unit
- CPAP Tubing
- CPAP Mask w/ Headgear (various sizes)
- O2 Cylinder
- Regulator w/ Threaded Port
- Stethoscope
- Pulse Oximeter

Procedure

- A. Take or verbalize appropriate body substance isolation precautions.
 - Examples: gloves, goggles, mask, gown, etc.
- B. Evaluate airway / breathing and consider CPAP inclusion criteria.
 - Respiratory distress (plus two or more of the following).
 - Retractions or accessory muscle use.
 - Suspected pulmonary edema.
 - Respiratory rate greater than 25 bpm.
 - SpO2 less than 90%.
 - *Note: Reference protocol for contraindications.
- C. **EXPLAIN** procedure and use caution during administration as mask may cause patient to feel claustrophobic.
- D. Connect CPAP unit to appropriate oxygen source.
 - *Note: Limit use of portable O2 cylinders w/ CPAP. Medic "M" O2 cylinder preferred.
- E. Prepare CPAP tubing with appropriately sized mask and turn knob on CPAP unit until oxygen flows freely.
- F. Place mask on patient's face.
 - Consider having patient hold the mask against his or her face initially.
- G. Secure mask with provided headgear and check for leaks around mask seal.
- H. Adjust settings until pressure reads between 2-5 cmH2O, as protocol indicates.
 - Max of 10 cmH2O
- I. Continually reassess patient's vitals and respiratory effort.
 - Decrease FiO2 to maintain SpO2 above 94%.
 - CPAP is intended to be continuous and should not be removed unless the patient cannot tolerate the mask or condition deteriorates.
 - If patient condition deteriorates, consider intubation.
- J. Observe patient closely and communicate CPAP use to receiving hospital.