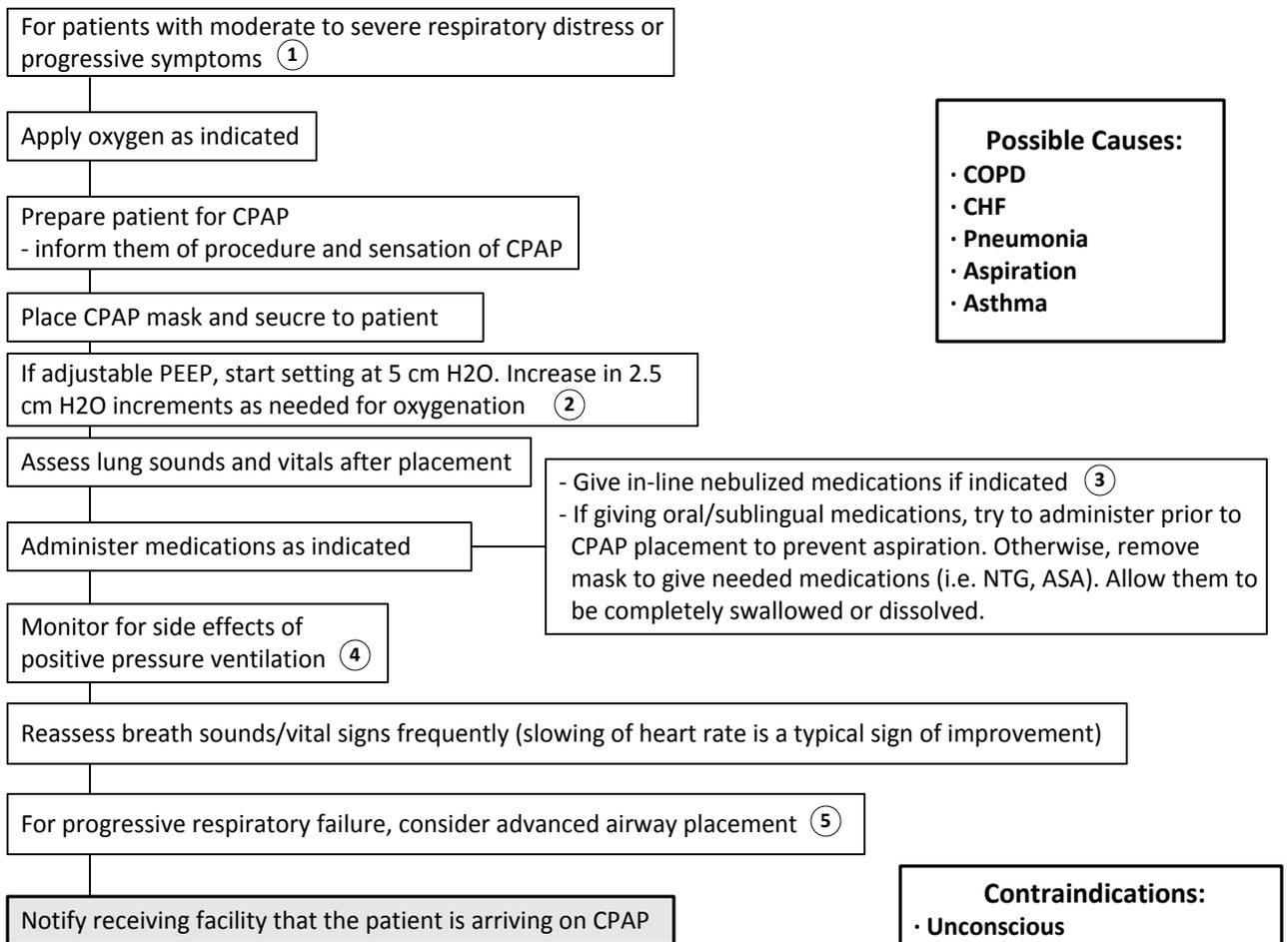


CPAP

ALS Protocol



Approved: 11/18/15
Dr. Larry Smith

1. Use CPAP early or if initial round of therapy is ineffective. For example, if arriving to a COPD call and the patient looks poor at the initial evaluation (i.e. hypoxia, increased work of breathing) move quickly to CPAP with nebulized therapies.
2. Do not increase PEEP if systolic BP is < 90 mmHg.
3. For patients with severe asthma prioritize administration of continuous albuterol. CPAP can be a useful adjunct if they are having ineffective respiratory effort or to assist in medication delivery if no improvement from albuterol treatments alone.
4. Positive pressure ventilation can cause hypotension by decreasing venous return. For dehydrated patients who have pneumonia or COPD, a small fluid bolus may be necessary to avoid hypotension once CPAP is started. Watch for gastric distension and vomiting. Remove mask if vomiting occurs.
5. For patients who are difficult to oxygenate without positive pressure/CPAP (i.e. oxygen saturations <94% despite 100% NRB), consider leaving the patient on CPAP as RSI is initiated in order to maximize pre-oxygenation and allow for the best intubating conditions. Once sedatives and paralytics are given, the patient can be reclined and intubation performed.

Reviewed: 11/18/15
Revised: 11/18/15

CPAP