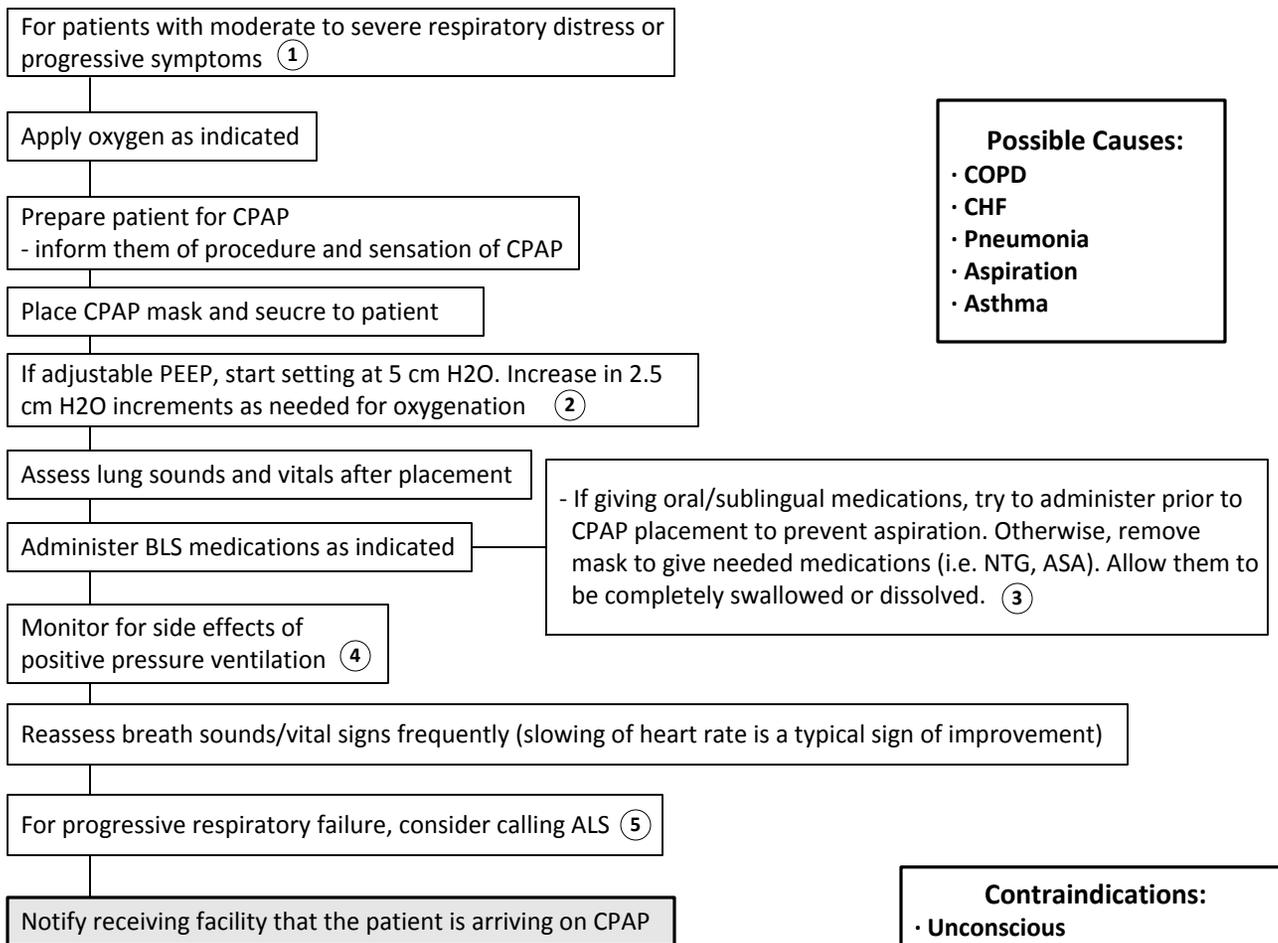


# CPAP

# BLS 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. Consider assisting the patient with their Rx. MDI prior to CPAP application.
2. Do not increase PEEP if systolic BP is < 90 mmHg.
3. For patients with severe asthma prioritize assisting the patient with their Rx MDI before CPAP.
4. Positive pressure ventilation can cause hypotension by decreasing venous return. If patient's systolic BP remains < 90 mmHg remove CPAP and continue with supplemental oxygen as needed. Watch for gastric distension and vomiting. Remove mask if vomiting occurs.
5. If patient continues to deteriorate despite CPAP, remove CPAP and assist ventilations with 100% O2 via BVM as needed. Prepare for advance airway placement.

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

CPAP