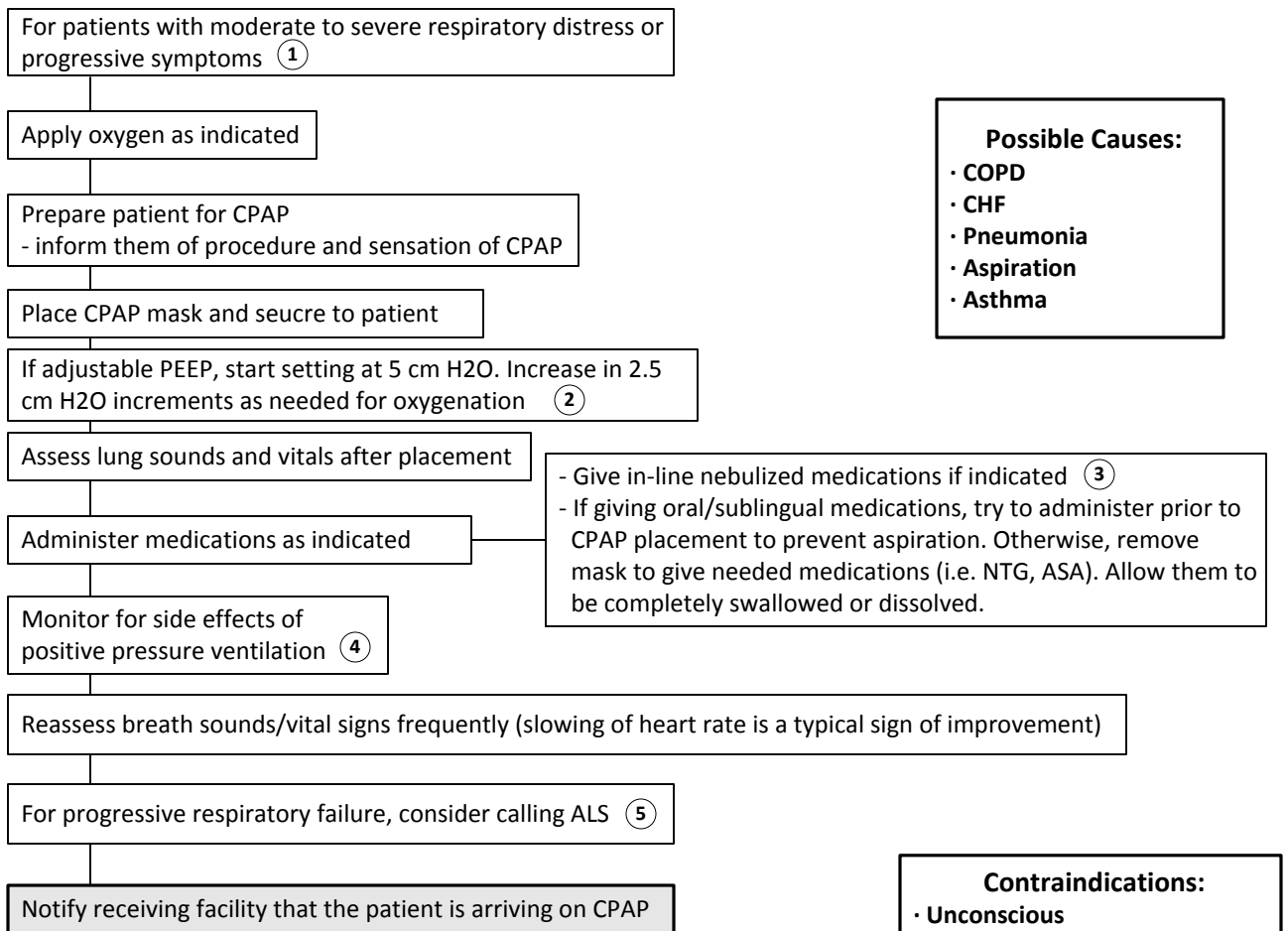


CPAP

ILS 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. 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
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CPAP