



CPAP

CLINICAL INDICATIONS

The CPAP device should be considered for patients who present with inadequate ventilation. This could be as a result of pulmonary edema, pneumonia, COPD, asthma (use caution), near drowning, etc.

The CPAP device should be considered in patients with:

- Accessory muscle use/retractions
- O₂ saturation less than 94%
- Respiratory rate greater than 24 with signs and symptoms of respiratory distress
- Inability to speak full sentences
- Abdominal/paradoxical breathing
- Altered mentation
- Ability to breathe on their own

CONTRAINDICATIONS

- Inability to maintain drive to breathe
- Decreased level of consciousness
- Apnea
- Pneumothorax
- Facial trauma/burns
- Penetrating neck and/or chest trauma
- Recent facial surgery
- Patient unable to tolerate mask
- Active vomiting
- Precaution--systolic BP less than 90 mm/Hg

PROCEDURE

- Ensure adequate oxygen supply to ventilation device
- Explain the procedure to the patient
- Consider placement of a nasopharyngeal airway
- Place the delivery mask over the mouth and nose; oxygen should be flowing at this point
- Secure the mask with provided straps starting with the lower straps until air leak is minimal
- Evaluate the response in the patient
- Monitor capnography, pulse oximetry, and cardiac status; consider IV/IO
- If patient condition does not improve, consider use of other airway devices (e.g. BVM)
- Observe closely for signs of complication; document time and response on patient care report (PCR)