

CPAP PROTOCOL



Continuous Positive Airway Pressure

The following protocol is the recommended guidelines for the use of CPAP on the adult patient presenting with respiratory insufficiency. This protocol is put into place in attempts to reduce the number of patients requiring intubation as a result of respiratory failure.

CPAP does not replace conventional methods. Aggressive airway management with early oxygen delivery and medications continues. CPAP enhances the effectiveness of the medications by shifting the alveolar fluids and reducing atelectasis.

The CPAP unit will provide a continual 31% oxygen source when appropriately attached to a DISS prot (50 PSI) and securely sealed against the patient's face. This is a critical component to making the CPAP effective for the patient.

The following patients are candidates for use of CPAP:

- Ability to maintain their own airway.
- Spontaneous respiratory efforts.
- Presumed cardiogenic pulmonary edema.
 - A. History of cardiac failure.
 - B. Bi-basilar or diffuse rales.
- Respiratory distress.
 - A. Retractions.
 - B. Accessory muscle use.
 - C. Respiratory rate > 25.
 - D. Pulse oximetry reading less than 92%.

Procedure

- Assess ABCs, apply oxygen, assess vital signs, pulse oximetry.
- Identify the patients at risk for respiratory failure from one of the above related conditions.
- Attach cardiac monitor, perform 12-Lead ECG.
- Apply CPAP. The initial use of this device requires encouraging the patient to relax. The mask must be sealed against the face to insure adequate delivery and function. Some patients may be more comfortable if they are allowed to hold the mask against their face, providing they have an adequate level of consciousness. The patient should be encouraged to concentrate on their respiratory efforts. Expiration becomes an active process.
- Start an IV, Normal Saline TKO.
- Consider the need for SL NTG, Morphine. Respiratory rate should be closely monitored. Refer to the respiratory failure (pulmonary edema) protocol.