

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)														
FOR USE IN PATIENTS >34 KG														
BLS														
Universal Protocol #601 Pulse Oximetry – O ₂ administration per Airway Management Protocol #602														
BLS Elective Skills														
For Moderate to Severe Respiratory Distress														
Application														
<ul style="list-style-type: none"> • Monitor pulse oximetry throughout use • Place patient in sitting position • Set up CPAP per manufacturer recommendations • Confirm air flow prior to applying mask to patient • Instruct patient to inhale through nose and exhale through mouth • Adjust settings, beginning low and titrate in 3cm/H₂O increments – monitoring patient’s tolerance and improved VS • Consider BVM if patient fails to show improvement • Document patient response before and after application – see notes 														
Discontinue (support respirations with BVM) if:														
<ul style="list-style-type: none"> • Hypotension – SBP < 90 mmHg (remove topical Nitroglycerin products if used) • Increasing respiratory distress or decrease in respiratory drive • Decreasing LOC • Evidence of barotrauma (subcutaneous air or pneumothorax) • Other signs or symptoms of decompensation (ALOC, sustained decrease in O₂ Sat, etc.) 														
ALS Standing Orders														
<ul style="list-style-type: none"> • Monitor End-tidal Capnography throughout use • Medication(s) per appropriate treatment protocol (some patients may not tolerate application until medications take effect) • Consider BVM or endotracheal intubation (adults only) if patient fails to show improvement 														
Base Hospital Orders Only														
As needed														
Notes														
<ul style="list-style-type: none"> • Notify Base Hospital when used 														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Clinical Condition</th> <th style="text-align: left;">Therapeutic Range</th> <th style="text-align: left;">Maximum Settings</th> </tr> </thead> <tbody> <tr> <td>Asthma/Anaphylaxis</td> <td>3.0-5.0 cm H₂O</td> <td>15 cm H₂O</td> </tr> <tr> <td>COPD/Pneumonia</td> <td>5.0-7.5 cm H₂O</td> <td>15 cm H₂O</td> </tr> <tr> <td>Pulmonary Edema/Drowning</td> <td>7.5-10.0 cm H₂O</td> <td>15 cm H₂O</td> </tr> </tbody> </table>	Clinical Condition	Therapeutic Range	Maximum Settings	Asthma/Anaphylaxis	3.0-5.0 cm H ₂ O	15 cm H ₂ O	COPD/Pneumonia	5.0-7.5 cm H ₂ O	15 cm H ₂ O	Pulmonary Edema/Drowning	7.5-10.0 cm H ₂ O	15 cm H ₂ O		
Clinical Condition	Therapeutic Range	Maximum Settings												
Asthma/Anaphylaxis	3.0-5.0 cm H ₂ O	15 cm H ₂ O												
COPD/Pneumonia	5.0-7.5 cm H ₂ O	15 cm H ₂ O												
Pulmonary Edema/Drowning	7.5-10.0 cm H ₂ O	15 cm H ₂ O												
<ul style="list-style-type: none"> • Indications – Moderate or Severe Respiratory Distress associated with: <ul style="list-style-type: none"> ○ Acute pulmonary edema ○ COPD ○ Asthma/Anaphylaxis ○ Drowning ○ Pneumonia 														

- **Contraindications**
 - Unconscious or decreased level of consciousness with inability to adequately ventilate
 - Respiratory failure/arrest or cardiac arrest
 - Tracheostomy
 - Sign and symptoms of a pneumothorax
 - Major facial, head or chest trauma
 - Vomiting or upper GI bleed
 - Epistaxis – moderate to severe
 - Unable to control secretions
 - Uncooperative patient after coaching
 - Hypotension (SBP < 90 mmHg)
- **Documentation**
 - Pressure settings and any adjustments
 - Pulse oximetry readings
 - ETCO₂ and ECG (ALS Providers)
 - Vital Signs
 - Response to treatments