

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

**Continuous Positive
Airway Pressure (CPAP)
Procedure**

CPAP (Continuous Positive Airway Pressure) can be applied to achieve PEEP (Peak End Expiratory Pressure) for patients presenting with signs & symptoms of pulmonary edema / CHF. The patient must be alert and able to adequately ventilate spontaneously in order for CPAP to be initiated.

1. Assess vital signs.
2. If the systolic BP is between 90-100mmHg, **contact Medical Control** prior to initiating.
3. Connect the generator to the *50 psi* oxygen outlet.
4. Attach the mask.
5. Attach the PEEP valve package with the CPAP circuit.
6. Attach the filter to the air entrainment port.
7. Secure the mask on the patient's face.
8. Treat continuously while en route to the receiving facility.
9. Obtain and record vital signs every 5 minutes.

10. In case of life-threatening complications:
 - a) Stop CPAP treatment.
 - b) Offer reassurance.
 - c) Institute appropriate BLS & ALS support per protocol.
 - d) Adverse reactions to CPAP are to be documented on an Incident Report and forwarded to the PAEMS Quality Assurance Coordinator within 24 hours of occurrence.
 - e) On arrival at the receiving hospital, immediately communicate any adverse reactions to emergency department staff.

11. Documentation in the patient care record should include:
 - a) Detailed description of initial assessment findings.
 - b) Vitals, including pulse oximetry, prior to initiating CPAP.
 - c) Vitals (& pulse oximetry) every 5 minutes.
 - d) Patient response to treatment (positive effects, no change or adverse reaction).

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CONTRAINDICATIONS FOR CPAP

- **Systolic BP < 90mmHg**
- **Severe cardiorespiratory instability and impending arrest**
- **Respiratory or cardiac arrest**
- **Upper airway abnormalities or trauma**
- **Penetrating chest trauma**
- **Compromised thoracic organs**
- **Persistent nausea & vomiting**
- **Gastric distention**
- **Obtunded patient / Questionable ability to protect airway**
- **Asthma**
- **Emphysema/COPD**