

## Continuous Positive Airway Pressure Ventilation ( $\geq$ PL2)

### Clinical Indications:

1. Respiratory distress from the following etiologies: Congestive Heart Failure (CHF), Pulmonary Edema, Submersion or Drowning, Chronic Obstructive Pulmonary Disease (COPD), Acute Respiratory Distress

### Contraindications:

1. Respiratory arrest or Agonal respirations
2. Unconsciousness
3. Hypoperfusion associated with cardiac insufficiency
4. Pneumothorax
5. Facial trauma, including burns

### Preparation for Use:

1. Ensure all equipment is assembled, and connect CPAP to O<sub>2</sub> source and [follow PEEP clinical procedure](#) for settings.

### Precautions:

1. Possible complications include: Gastric distention, Reduced cardiac output, Hypoventilation, Pulmonary barotrauma, Excessive secretions, and the similar

### Procedure:

1. Ensure oxygen is flowing prior to placing device on the patient's face.
2. Fully explain the procedure to the patient.
3. Have the patient hold mask to face and instruct the patient to breath slowly and deeply.
4. Once the patient is comfortable with the mask, then securely attach the headpiece and tighten to fit.
5. Continuously monitor the patient's respiratory status/effort, SpO<sub>2</sub>, and EtCO<sub>2</sub>
6. The adjunctive delivery of a medication nebulizer with the CPAP is approved and should be considered. Patient presentation and distress should dictate the timing or use of this procedure. The delivery of nebulized medication should not delay the use of CPAP.
7. If the patient decompensates, then discontinue CPAP and manage the patient per the appropriate clinical guideline. The following are signs of decompensation:
  - a. Decreased level of consciousness
  - b. Decreased SpO<sub>2</sub> from initial reading with CPAP application
  - c. Bradycardia with hypotension or signs of hypoperfusion with cardiac insufficiency
  - d. Respiratory arrest, agonal respirations, or ineffective respiratory effort
  - e. Pneumothorax