



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Tom Lynch, EMS Administrator*

*Reza Vaezazizi, MD, Medical Director*

**DATE:** June 4, 2013

**TO:** EMS Providers - ALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
EMS Training Institutions and Continuing Education Providers  
Inyo, Mono and San Bernardino County EMCC Members  
Other Interested Parties

**FROM:** Tom Lynch  
EMS Administrator

Reza Vaezazizi, MD  
Medical Director

**SUBJECT: ICEMA REFERENCE #10180 - CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (CPAP) - ADULT**

During the recent review process and revision of ICEMA Reference #11010 - Adult Respiratory Emergency, language specific to Continuous Positive Airway Pressure (CPAP) utilization was removed with the intention of creating a separate CPAP protocol. This did not occur resulting in a reference to a non-existent protocol.

ICEMA Reference #5030 - Procedure for Adoption of Protocols and Policies, allows for the immediate release of protocols to assure protocol continuity. Therefore, attached is ICEMA Reference #10180 - Continuous Positive Airway Pressure Device (CPAP) - Adult which will become effective June 12, 2013. The protocol includes the original language that was removed from ICEMA Reference #11010, contraindications and a minor change in the initial dose from 0 cmH<sub>2</sub>O to 0 - 2 cmH<sub>2</sub>O. Additionally, ICEMA will release a revised ICEMA Reference #11010 to reflect the specific reference number for the CPAP protocol.

After implementation, the CPAP protocol will be submitted to the Protocol & Education Committee and follow the normal review process.

If you have any questions, please feel free to contact Sherri Shimshy, RN, EMS Nurse Specialist, at (909) 388-5816 or via e-mail at [SShimshy@cao.sbcounty.gov](mailto:SShimshy@cao.sbcounty.gov).

TL/RV/jlm

Attachment

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## CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (CPAP) - ADULT

### I. FIELD ASSESSMENT/TREATMENT INDICATORS

Symptomatic relief of acute respiratory distress and increased work of breathing associated with adult respiratory emergencies in a conscious patient who is cooperative and able to follow instructions.

### II. CONTRAINDICATIONS

- Apneic
- Unconscious
- Pediatric (appearing to be less than 15 years of age)
- Suspected Pneumothorax
- Vomiting
- Systolic blood pressure 90 mmHg or less

### III. PROCEDURE

1. Provide supplemental oxygen as clinically indicated.
2. Provide clinically indicated treatment following ICEMA Reference #11010 - Adult Respiratory Emergencies.
3. Obtain and document O<sub>2</sub> saturation levels every five (5) minutes.
4. Apply and begin CPAP at 0 - 2 cmH<sub>2</sub>O (or lowest level allowed by the device). Instruct patient to inhale through nose and exhale through mouth.
5. Slowly titrate pressure in 3 cm increments up to a maximum of 15 cmH<sub>2</sub>O according to patient tolerance while instructing patient to continue exhaling against increasing pressure.
6. CPAP should be continued until patient is placed on CPAP device at the receiving hospital Emergency Department (ED).

**IV. DOCUMENTATION**

Document CPAP level, O<sub>2</sub> saturation, vitals, patient response and adverse reactions on electronic or paper patient care report (PCR).

**V. REFERENCE**

<u>Number</u>	<u>Name</u>
11010	Adult Respiratory Emergencies