






CPAP Thinking Points

CPAP has been shown to rapidly improve vital signs, gas exchange, work of breathing, decrease the sense of dyspnea and the need for endotracheal intubation in patients who suffer shortness of breath from asthma, COPD, pulmonary edema, CHF and pneumonia. In patients with CHF, CPAP improves hemodynamics by reducing preload and afterload.

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

Indications:
Pulmonary Edema/CHF

- Has shortness of breath (for reasons other than trauma) with wheezing or crackles
- Is awake and able to follow commands
- Is of an age able to fit the CPAP mask
- Has a systolic blood pressure above 90 mmHg (CPAP may raise intrathoracic pressures, reducing preload, therefore reducing blood pressure even further)
- Has been using accessory muscles during respirations

ALS ONLY: May be used in Asthma and COPD patients.
BLS AND ILS Call medical control for Asthma and COPD



Contraindications:

Systolic BP < 90mmHg Call Medical Control

- Severe cardiorespiratory distress 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

Precautions:

Use care if patient:

- Has impaired mental status and is not able to cooperate with the procedure
- Has failed at past attempts at non-invasive ventilation
- Has active upper gastrointestinal bleeding or history of recent gastric surgery
- Complains of nausea or vomiting
- Has inadequate respiratory effort
- Has excessive secretions
- Has a facial deformity that prevents the use of CPAP