

- 1) **CPAP may not be administered if any of the following exclusion criteria are present:**
 - a) Respiratory or cardiac arrest
 - b) The patient is unable to maintain a patent airway independently
 - c) There is suspicion of pneumothorax or chest trauma
 - d) The patient is vomiting or has active GI bleeding
 - e) Under 12 years old or CPAP mask does not fit

- 2) **If no exclusion criteria are present, CPAP may be administered if at least two of the following inclusion criteria are present:**
 - a) Retractions of accessory muscles
 - b) Bronchospasm or rales on exam
 - c) Respiratory rate greater than 25 per minute
 - d) Oxygen saturation less than 94% any time

- 3) **Administer CPAP 5.0 cm/H₂O**
- May increase to a maximum of 7.5 cm/H₂O

- 4) **Administer 0.5 mg Versed if not tolerating CPAP**

- 5) **If the patient is stable or improving, continue with CPAP. Continue Asthma/Emphysema or Pulmonary Edema protocols concurrently.**

- 6) **If the patient is deteriorating, contact medical control. Continue with Asthma/Emphysema or Pulmonary Edema protocols. Consider endotracheal intubation or RSI.**

Note: Initial decrease in pulse oximetry is a common occurrence. Pulse oximetry should increase after a few minutes of administration of CPAP. Approximate oxygen concentration is 40% with CPAP, and the addition of supplemental oxygen can be utilized if spo₂ does not rise above 94%.

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