





## CONTINUOUS POSITIVE AIRWAY PRESSURE

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- o Remove CPAP if blood pressure drops below 90 systolic.
- o Remove CPAP if patient unable to tolerate procedure.
- o Remove CPAP and provide advanced airway control in the event of progression to respiratory arrest or respiratory failure with agonal or hypoventilation.

### DOCUMENTATION:

- Document time of CPAP placement, pressure being maintained and initial vital signs, pulse oximetry, and level of consciousness. If CPAP removed, document time and reason.
- Document lung sounds, pulse oximetry, level of consciousness and respiratory effort every 5 to 10 minutes.

### REMOVAL OF CPAP:

CPAP therapy is most effective if maintained and continuous. CPAP should not be removed unless the patient cannot tolerate the mask and device, or there is deterioration requiring advanced airway management.

### NOTES:

1. Patients may require coaching and encouragement to allow for continued CPAP therapy.
2. Monitor patient for gastric distension which may lead to vomiting.
3. Vomiting into the CPAP mask with subsequent aspiration is the most common serious complication of CPAP use. Care must be taken to avoid this complication. CPAP should not be initiated in a patient who reports nausea or vomiting associated with their symptoms.
4. CPAP is appropriate therapy for a patient with a Do Not Resuscitate (DNR) Order who is in respiratory distress or failure.
5. Advise emergency receiving center (ERC) as soon as possible of CPAP placement so that the receiving hospital can prepare for patient arrival and continued management.

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Approved:

A handwritten signature in black ink, appearing to read "Shaikh ND".

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