

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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**SUBJECT: 700.06
CARDIAC EMERGENCIES:
PULMONARY EDEMA / CPAP**

**ORIGINAL ISSUE 5/08
LATEST REVISION 2/15**

Pre-Hospital Actions:

1. Administer oxygen as needed to keep oxygen saturation > 94%.
2. Place patient in upright position.
3. Hypertension should be treated aggressively.
4. Consider:
 - a) Administration of nitroglycerine 1/150 sublingually every 3-5 minutes until 3 doses are given or patient's condition improves.
 - b) CPAP (see protocol below)

Continuous Positive Airway Pressure (CPAP)

Purpose: To ensure patients suffering from pulmonary edema resulting from CHF are treated in a manner that may prevent the necessity for intubation.

Policy: If CPAP is to be considered utilize the following criteria:

- A. The patient **MUST** have **EACH** of the following:
 - Dyspnea/tachypnea
 - Rales > 1/3 of both lung fields
- B. The patient **MUST** have at least **TWO** of the following:
 - Accessory muscle use
 - Tachycardia
 - Diaphoresis
- C. The patient **CANNOT** have **ANY** of the following:
 - S/S of pneumothorax
 - Apnea
 - Altered LOC necessitating immediate intubation
 - Intolerance for the CPAP mask or procedure
- D. Use with caution in patients with a COPD and or Asthma history.

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CPAP Procedure:

- Fully explain the procedure to the patient
- Monitor the patient's respiratory effort, mental status, and SpO₂. If, at any time intubation becomes necessary prior to the application of CPAP, perform that procedure without delay.
- Size the headpiece and mask to the patient
- Prepare the CPAP generator and attach the mask, headpiece and circuit according to manufacturer's specifications
- Settings for CPAP will be PEEP at 5-10 cm/H₂O
- If the patient is receiving a nebulizer treatment you may continue the administration by placing the nebulizer device in-line with the CPAP device.
- Monitor the patient for any complications including pneumothorax.

STANDARD PRECAUTIONS MUST BE OBSERVED.