

**OPTIONAL SUPPLEMENTAL PROGRAM
AIRWAY MANAGEMENT
PARAMEDIC ONLY**



F. AIRWAY MANAGEMENT: BI-LEVEL POSITIVE AIRWAY PRESSURE (BiPAP)

1. INDICATIONS (NEW '19)

- a) Transport of a patient with established/chronic respiratory distress or failure due to cardiogenic pulmonary edema or COPD/asthma in which the patient demonstrates spontaneous respirations and a patent, self-maintained airway
- b) No increase in pressure settings or oxygen requirement of the current BiPAP device within 48 hours of the transfer. Otherwise, the patient shall be transferred by an SCT team.
- c) Patients who are 13 years of age or older. If less than 13 yoa, patient shall be transported by SCT.
- d) Exception: A CRT-I or EMT may transport all age patients chronically on BiPAP who are going for routine transport. A patient-provided attendant who can manage the patient's own BiPAP must be present on the transport.

2. CONTRAINDICATIONS

- a) Circumstances in which endotracheal intubation or a surgical airway is preferred or necessary to secure a patent airway
- b) Circumstances in which the patient is being transferred for treatment of acute respiratory distress

3. PROCEDURE

- a) Assure patent airway.
- b) Perform appropriate patient assessment, including obtaining vital signs, pulse oximeter (SpO₂) reading, and cardiac rhythm.
- c) Apply BiPAP device per manufacturer's instructions.
- d) Program the device to match the settings of the BiPAP machine that the patient is currently using.
- e) Assess the patient after placing the BiPAP device selected for transfer. If respiratory distress occurs, support the patient with a BVM until facility personnel reestablish therapy with original BiPAP device.
- f) Continuously reassess the patient.
- g) Monitor continuous pulse oximetry.
- h) Monitor continuous EtCO₂ with nasal prongs.
- i) Follow the appropriate set of standing orders for continued treatment.
- j) Confirm the availability of a BiPAP device at the destination facility.



FOR CIRCUMSTANCES IN WHICH THE PATIENT DOES NOT IMPROVE OR CONTINUES TO DETERIORATE DESPITE BIPAP AND/OR MEDICATIVE THERAPY, TERMINATE BIPAP ADMINISTRATION AND PERFORM BVM VENTILATION AND ENDOTRACHEAL INTUBATION IF NECESSARY.

BIPAP MAY BE CONSIDERED FOR NON-CARDIOGENIC PULMONARY EDEMA.