**Appendix 1**

**Continuous Positive Airway Pressure (CPAP) Management Plan**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Hospital Number |  |
| Location |  |
| Consultant |  |
| Date CPAP Started |  |

**Please Complete this form before commencing CPAP Therapy**

|  |  |
| --- | --- |
| Patients Name | Hospital Number |

|  |  |  |  |
| --- | --- | --- | --- |
| Designation | Name | Signature | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Respiratory Rate |  | ABG |  |
| Sp02 |  | Time |  |
| Added O2 |  | Inspired O2 |  |
| BP |  | PH |  |
| HR |  | pCO2 |  |
| Temp |  | pO2 |  |
| AVPU |  | HCO3 |  |
| News2 |  | BE |  |

**CXR Findings**

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| --- |
|  |

**Patient Diagnosis**

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| --- |
|  |

**Optimising Therapy**

Maximum standard medical treatment should be implemented prior to commencing CPAP Therapy.

88 – 92%

> 94%

Bronchodilators

Steroids

Antibiotics

Hydration

Aminophylline

O2 Prescription

|  |  |
| --- | --- |
| Patients Name | Hospital Number |

**Contraindications**

**Absolute**

Airway obstruction

Vomiting

Pneumothorax

Haemoptysis

Raised ICP

Inability to protect own airway

Patient declined Therapy

Patient cannot tolerate Therapy

**Relative**

Altered conscious level

Severe Hypertension

Confusion / Agitation

Lung Tumours

**Rational for commencing therapy if any of the above identified**

|  |
| --- |
|  |

**Assess suitability for CPAP**

|  |
| --- |
|  |

**Escalation Plan**

|  |
| --- |
|  |

DNAR discussed

Referral to ITU

Respiratory Consultant Review

**NIV Prescription**

|  |  |
| --- | --- |
| Name of Doctor Prescribing CPAP | Signature |
| Date | Time |
| CPAP Pressure |  |

**Repeat ABGs or ELCS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time |  |  |  |  |
| pH |  |  |  |  |
| pCO2 |  |  |  |  |
| pO2 |  |  |  |  |
| HCO3 |  |  |  |  |
| SBE |  |  |  |  |
| SpO2 |  |  |  |  |

**CPAP Observation Chart**

Please complete at initiation of therapy and then hourly, at each point at which a change in settings occurs or the therapy is removed or recommended

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |
| CPAP On/Off |  |  |  |  |  |  |
| PEEP |  |  |  |  |  |  |
| Trigger |  |  |  |  |  |  |
| Tidal Volume |  |  |  |  |  |  |
| Entrained O2 |  |  |  |  |  |  |
| O2 Saturations |  |  |  |  |  |  |
| Respiratory Rate |  |  |  |  |  |  |
| Change HME |  |  |  |  |  |  |
| Alarm Settings |  |  |  |  |  |  |
| Signature |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |
| CPAP On/Off |  |  |  |  |  |  |
| PEEP |  |  |  |  |  |  |
| Trigger |  |  |  |  |  |  |
| Tidal Volume |  |  |  |  |  |  |
| Entrained O2 |  |  |  |  |  |  |
| O2 Saturations |  |  |  |  |  |  |
| Respiratory Rate |  |  |  |  |  |  |
| Change HME |  |  |  |  |  |  |
| Alarm Settings |  |  |  |  |  |  |
| Signature |  |  |  |  |  |  |

**Nursing Consideration**

* Comfort breaks from CPAP therapy should be made for nebulised drugs, meals, pressure area care, oral hygiene and eye care.

**Pressure Areas**

* Pressure area care, vulnerable areas include bridge of nose, ears, and back of patients head these should be checked when placing and removing patient’s CPAP mask.
* Document any pressure area changes in medical notes and in management plan.
* Dress areas with appropriate dressing/ protection.

**Nutrition/ Hydration**

* IV Fluids should be considered in the acute phase.
* Encourage oral fluids when on a comfort break from CPAP.
* Early consideration for NG placement and feeding.
* Consider early referral to Dietician.

**Oral Hygiene**

* Oral Fluids to moisten mouth.
* Mouth swabs if patient not able to tolerate oral fluids.
* Clean patient’s teeth at least twice a day.
* Check oral cavity for signs of candida.