THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

NYC REMAC

Advisory No.	2010-09		
Title:	**Guidelines for the Discontinuation of CPAP Treatment**		
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Supersedes:	n/a	Page:	1 of 1

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The administration of Continuous Positive Airway Pressure (CPAP) to patients with Acute Pulmonary Edema (ALS Protocol 506), although not yet mandatory, has become a widely used method to assist patient ventilations and avoid field intubation.

Since many emergency departments do not have CPAP devices immediately available, Paramedics are instructed to abide by the following guidelines for the safe discontinuation of CPAP.

Guidelines for the discontinuation of CPAP treatment:

1. If possible, notify the hospital of the imminent arrival of a patient requiring a CPAP device.

2. Upon arrival at the emergency department, formally transfer patient care to the Triage/ED Nurse

3. Request that the Triage/ED Nurse provide a replacement CPAP unit, or that s\he contact Respiratory Therapy if CPAP is available in-house to ensure continuity of care and allow the ambulance to resume service.

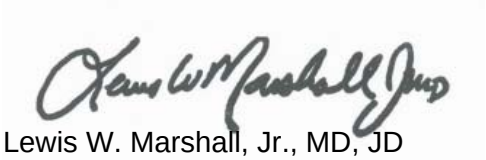
    a. If the ALS ambulance is stocked with a one-time use CPAP device, its use can be continued in the ED, while waiting for the delivery of a hospital unit. Connect the oxygen tube of the ambulance's disposable CPAP device to a wall oxygen outlet in the ED, and open the valve to maximum (20L/min). Inform ED staff.

    b. If the ambulance's CPAP device is not disposable, and a CPAP device is not immediately available in-house, advise Triage/ED Nurse that within five (5) minutes the patient will be taken off the ambulance unit's CPAP device and placed on the emergency department's oxygen via a non-rebreather mask.

Protocol 506 (Acute Pulmonary Edema) has been updated to remove the CPAP reporting QA requirement. The updated protocol is attached.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.



Lewis W. Marshall, Jr., MD, JD
Chair, Regional Emergency Medical Advisory Committee of New York City

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ACUTE PULMONARY EDEMA

1. Begin Basic Life Support Respiratory Distress procedures.
2. Begin Cardiac Monitoring, record and evaluate EKG rhythm.
3. Begin an IV infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock.
4. Monitor vital signs every 2-3 minutes.
5. Administer Nitroglycerin Tablet 1/150 gr or Spray 0.4 mg, sublingually, every 5 minutes, for a total of 3 doses. Before each administration, check the patient's pulse and blood pressure to ensure the patient is hemodynamically stable.

NOTE: UNLESS OTHERWISE DIRECTED BY ON-LINE MEDICAL CONTROL, NITROGLYCER SHALL NOT BE ADMINISTERED TO PATIENTS:

- WITH A SYSTOLIC BLOOD PRESSURE OF LESS THAN 100 mm Hg

AND/OR

- WHO HAVE USED ERECTILE DYSFUNCTION MEDICATIONS IN THE PREVIOUS 72 HOURS

6. Initiate CPAP Therapy, if available, (see Appendix P)
7. Contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Administer Morphine Sulfate 0.1mg/kg (not to exceed 5mg), IV/Saline Lock bolus. Repeat doses of Morphine Sulfate 0.1mg/kg (not to exceed 5mg) IV/Saline Lock bolus, may be given as necessary. (Maximum total dosage is 15 mg.)

NOTE: IF HYPOVENTILATION DEVELOPS, ADMINISTER NALOXONE UP TO 2 MG, IV/SALINE LOCK BOLUS

OPTION B: Administer Lorazepam 1 – 2 mg, IV/IN Saline Lock bolus.

OR

Administer Midazolam 1 – 2 mg, IV/IN Saline Lock bolus.

OPTION C: Repeat Nitroglycerin Tablet 1/150 gr. or Spray 0.4 mg, sublingually.

OPTION D: Administer Furosemide 20 – 80 mg, IV/Saline Lock bolus. (Maximum combined total dosage is 80 mg.)

OPTION D: Transportation Decision.

~~MANDATORY QUALITY ASSURANCE COMPONENT: FOR EVERY APPLICATION OF A CPAP ON A PATIENT, THE ACR/PCR DOCUMENTATION MUST BE REVIEWED BY THE SERVICE MEDICAL DIRECTOR, WHO IS THEN RESPONSIBLE FOR FORWARDING A COPY OF THE ACR/PCR TO THE NYC REMAC FOR SYSTEM-WIDE QA PURPOSES.~~

~~FOR THE PURPOSES OF PATIENT CONFIDENTIALITY, COPIES OF THE PCR/ACR CAN BE MAILED TO: THE REGIONAL EMS COUNCIL OF NYC, 475 RIVERSIDE DRIVE, SUITE 1929, NEW YORK, NEW YORK 10115. PLEASE LABEL THE ENVELOPE "CONFIDENTIAL QA".~~