Severe Respiratory distress?
- Accessory muscle use?
- Hypoxemia despite oxygen therapy?
- Marked work of breathing?
- Inability to speak in full sentences?

YES

Patient has a condition contraindicating CPAP use?
- Respiratory Rate ≤10 breaths/minute
- Confusion: Inability to understand and cooperate with application of CPAP
- History of recent pneumothorax or recent tracheo-bronchial surgery
- Active nausea or vomiting despite anti-emetic therapy
- Hypotension

YES

YES

Believed to be primarily Pulmonary Edema
Or Other Respiratory Distress

Apply CPAP pressure settings according to sponsor hospital guidelines.
If possible, adjust FiO2 to maintain Oxygen Saturation >90%.

Continue Reassessment. Titrate pressure setting based on patient response. Do not exceed 15 cm H2O pressure. If patient shows evidence of deterioration, discontinue CPAP. Consider BVM assist and possible intubation. If patient vomits, immediately discontinue CPAP.

If equipment allows, continue indicated nebulized bronchodilators in-line with CPAP. It is allowable to briefly interrupt CPAP to continue administration of ‘spray’ formulations of nitrates (if indicated)

- Notify receiving hospital early to allow preparations for continued CPAP/BiPAP.

NO