



<h1>NYC REMAC</h1>			
Advisory No.	2017-12 (CORRECTED)		
Title:	Appendix P: Use of The Continuous Positive Airway Pressure (CPAP) Device Revision		
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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.

REVISED: Appendix P: Use of The Continuous Positive Airway Pressure (CPAP) Device

EMTs are now approved to provide CPAP care.

This is an optional level of care for EMTs that may be approved by the agency Medical Director.

A list of all revised protocols summarizing changes is attached, along with actual protocols identifying specific changes. New Language is **underlined and bold**. Deleted Language is ~~struck-out~~.

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.

In order to provide evidence that all EMS personnel have been updated in current protocols, the EMS Agency must provide a list of updated personnel accompanied by a letter of affirmation signed by the service medical director and Chief Executive Officer no later than FOUR (4) weeks after completion of training/in-service.

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APPENDIX P

USE OF THE CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE

Scope: **EMTs and** Paramedics may utilize Continuous Positive Airway Pressure (CPAP), for any appropriate indication as authorized by the service medical director.

INCLUSION CRITERIA

1. 15 years of age or older.
2. Be Alert, cooperative, and able to maintain an open, patent airway on their own.
3. Respiratory distress.

EXCLUSION CRITERIA

1. Respiratory failure or need for immediate Endotracheal Intubation.
2. Systolic blood pressure less than 100 mmHg.
3. Airway Obstruction.
4. Facial burns with possible airway involvement.
5. Trauma.
6. Suspected pneumothorax.
7. Active vomiting, upper GI bleeding or other aspiration risks.
8. Inability to tolerate the mask due to pain or discomfort.
9. An adequate mask seal is unobtainable.

NOTE: CPAP IS TO BE IMMEDIATELY DISCONTINUED IF ANY OF THE EXCLUSION CRITERIA DEVELOP.