



Milwaukee County Office of Emergency Management (OEM)

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Number: 16-14

Date: 12/14/2016

From: Kenneth Sternig, Program Director EMS Division
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Section: EMS Division Administration
EMS Medical Director

To: ALL OEM-EMS system paramedics

Subject: CPAP mask use by BLS providers

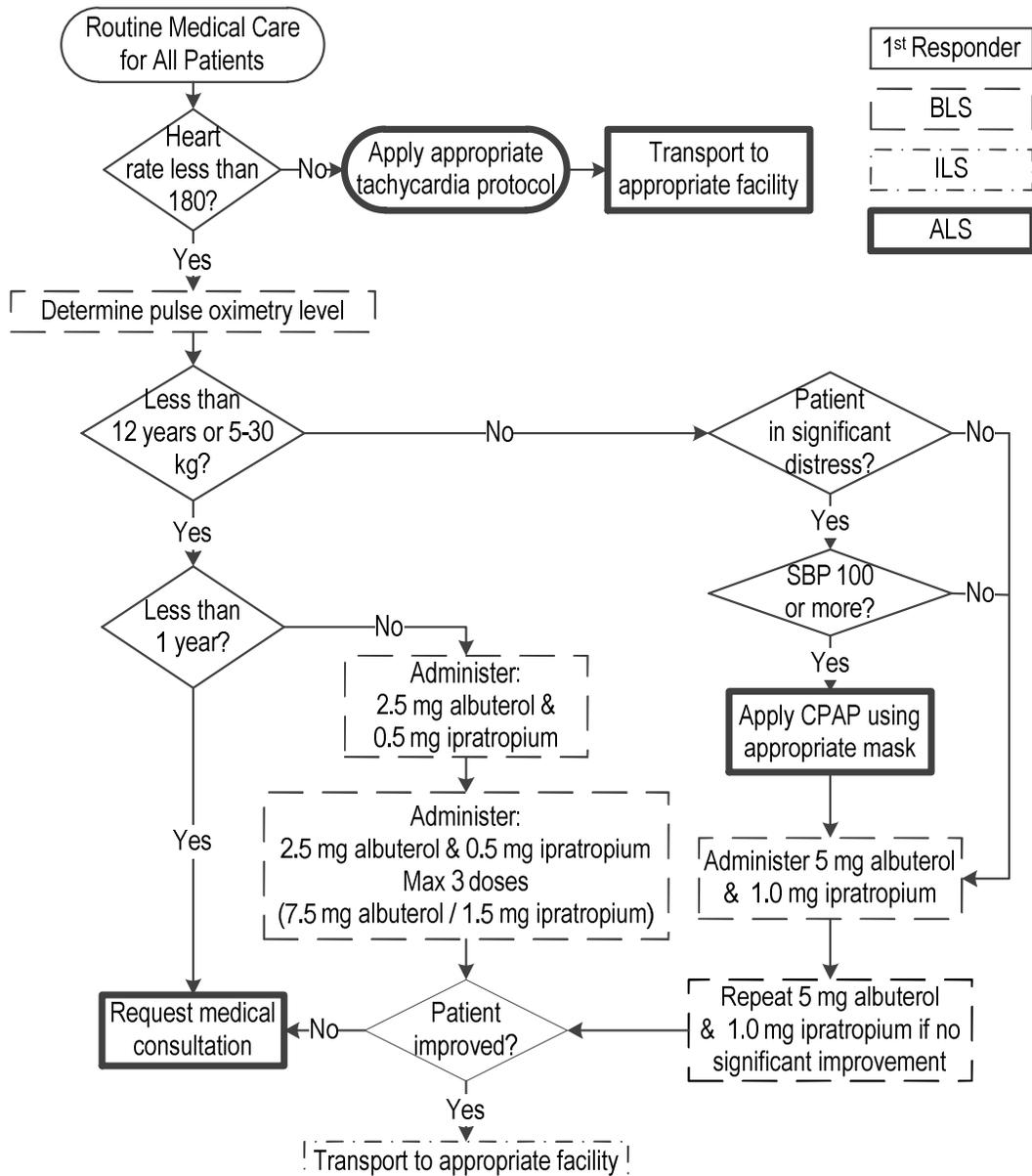
Purpose: Briefing on initiative by city of Milwaukee FD

All, This notice is to inform you that the city of Milwaukee Fire Department has trained their EMT/B- BLS providers to apply CPAP masks per Milwaukee County OEM-EMS Medical protocol "Congested Heart Failure" , "Asthma/COPD" and practical skill "Continuous Positive Airway Pressure" (CPAP).

These documents are attached for your review.

ALS units responding into the city of Milwaukee may experience that the first arriving BLS unit has already applied the CPAP mask. Please document this as care prior to ALS arrival as is normally done with other care initiated by a BLS provider prior to the arrival of a paramedic unit.

History	Signs/Symptoms	Working Assessment
May have a history of asthma Exposure to irritant Recent URI	Chest tightness Dyspnea Coughing or wheezing Accessory muscle use	Asthma
History of COPD	Chronic cough Dyspnea Pursed lip breathing Prolonged exhalation Barrel chest Clubbing of fingers	COPD



Notes:

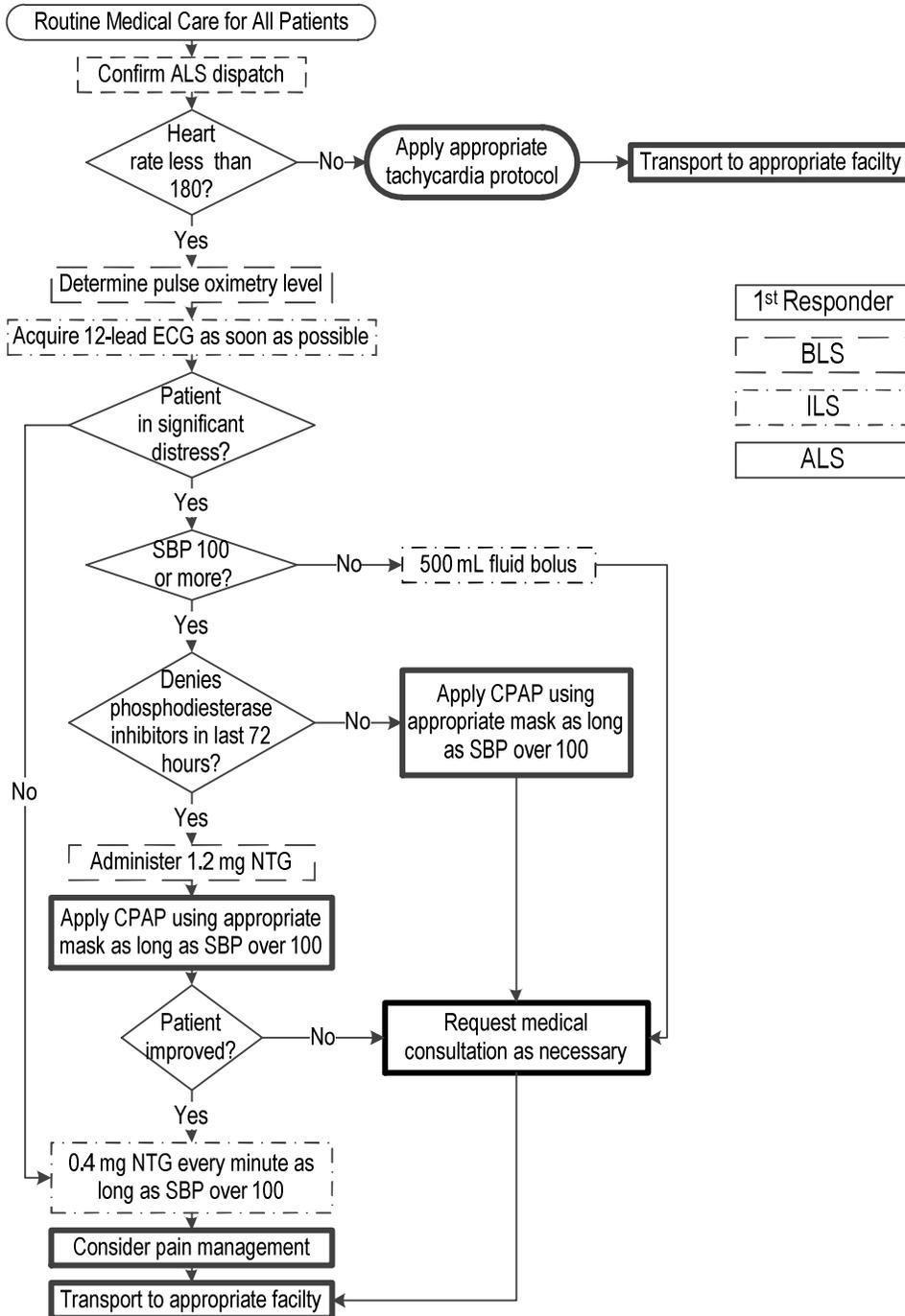
- The optimal pulse oximetry level for the patient with a history of COPD is 88 – 92%.
- If an asthmatic has no improvement after 2 doses of EMS administered albuterol/ipratropium therapy, consider medical consultation for an **order** for intramuscular epinephrine.
- Patient's self-treatment does not limit EMS provider's albuterol/ipratropium dosing.
- CPAP should not preclude standard medication administration.

Initiated: 5/22/98
 Reviewed/revised: 8/1/13
 Revision: 21

**MILWAUKEE COUNTY EMS
 MEDICAL PROTOCOL
 CONGESTIVE HEART FAILURE**

Approved by: M. Riccardo Colella, DO, MPH, FACEP
 WI EMS Approval Date: 2/15/12
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History	Signs/Symptoms	Working Assessment
May have a history of CHF	Orthopnea Restlessness Wet or wheezing breath sounds Hypertension Tachycardia Jugular vein distention	CHF



Notes:

- A history of CHF is not required before treatment is initiated.
- CPAP should not preclude standard medication administration.

Initial: 8/1/13
 Reviewed/ revised: 6/1/16
 Revision: 1

**MILWAUKEE COUNTY EMS
 PRACTICAL SKILL
 CONTINUOUS POSITIVE
 AIRWAY PRESSURE (CPAP)**

Approved by: M. Riccardo Colella, DO, MPH, FACEP
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Purpose: To provide continuous positive airway pressure (CPAP) ventilation support adjunct in patients with moderate to severe respiratory distress		Indications: Moderate to severe respiratory distress in spontaneously breathing patients	
Advantages: Adjunct to respiratory distress therapy to be used in conjunction with oxygen and other respiratory treatment medications and therapies; if used early, may reduce the need for intubation and improve clinical comfort and outcome; light weight and oxygen sufficient; easily transferrable between portal, ambulance wall and ER wall oxygen sources	Disadvantages: Can be difficult to initiate and maintain seal; will require therapeutic relationship between provider and patient to establish trust with placing mask over face; competes with medication administration; oxygen use	Complications: Gastric insufflation; aspiration risk	Contraindications: Respiratory arrest/agonal respirations; unconscious; active vomiting; systolic blood pressure less than 100; pneumothorax; facial anomalies; facial trauma; laryngeal trauma; GI bleed

