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NYC REMAC

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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.

The Regional Emergency Medical Advisory Committee (REMAC) of New York City has revised and updated Appendix P: CPAP. This revision has been approved by the New York State Emergency Medical Advisory Committee for use in the NYC region.

The revised Appendix P is attached, identifying specific changes. New Language is underlined and bold. Deleted Language is ~~struck-out~~. A revised version without markings is also attached.

This protocol may be implemented immediately. Final date for implementation is August 1st, 2017.

Agencies that require additional time for implementation must submit requests for extension in writing to the NYC REMAC. Requests can be emailed to mdiglio@nycremsco.org

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.

Josef Schenker, MD, FACEP
Chair, Regional Emergency Medical Advisory
Committee of New York City

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APPENDIX P

USE OF THE CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE

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

INCLUSION CRITERIA

1. ~~Be at least 18~~ 15 years of age or older.
2. Be Alert, cooperative, and able to maintain an open, patent airway on their own.
3. ~~Be able to maintain an open and patent airway on their own~~
4. ~~Have a blood pressure of at least 100 mm Hg systolic~~
5. ~~Have significant respiratory distress, indicated by cyanosis, accessory muscle use or other signs and symptoms.~~

EXCLUSION CRITERIA ~~CONTRAINDICATIONS~~

1. ~~Less than 18 years of age~~
2. 1. Respiratory failure or need for immediate Endotracheal Intubation. ~~or other methods of airway control~~
3. ~~Altered Mental Status or unresponsive patients~~
4. 2. Systolic blood pressure less than 100 mmHg. ~~Hemodynamically unstable patients~~
5. 3. Airway Obstruction ~~Patients who are unable to control their own airway~~
6. ~~Trauma, 4. facial burns~~ with possible airway involvement, ~~impending respiratory or cardiac arrest~~
5. Trauma
7. ~~Known Active unstable angina or acute myocardial infarction~~
8. ~~Uncooperative patient~~
9. ~~Known Pneumonia, 6. Suspected pneumothorax, anaphylaxis, pulmonary embolism, or aspiration.~~
10. 7. Active vomiting, upper GI bleeding or other aspiration risks ~~Gastric Distention~~
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

1. ~~An immediate need for advanced airway control arises~~
2. ~~The patient becomes hemodynamically unstable~~
3. ~~The patient cannot tolerate the mask due to pain or discomfort~~

APPENDIX P

USE OF THE CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE

Scope: 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