## CPAP / BIPAP Non-Invasive Positive Pressure Ventilation

### PHYSICIAN ORDERS

#### PATIENT INFORMATION

**Height**

**Weight**

**Allergies**

Consider early intubation for patients with the following conditions:

- Hemodynamically unstable
- Unable to protect airway, clear secretions and/or high aspiration risk
- Unable to tolerate mask
- Pneumothorax
- Known airway difficulty
- If PF ratio is less than 110, intubate early

### General

**CPAP**

CPAP for acute hypoxemic respiratory failure due to:

- *CHF*, *COPD/Asthma exacerbation without hypercapnea*
- *ALI/ARDS*

### Mechanical vent - noninvasive

| Priority: Routine | Frequency: | Starting today, Until specified
|------------------|-----------|-----------------------------
| (Required)       |           |                             |

**Use protocol:**

- Defer to RT for Settings: yes/no

**Type of ventilation:**

- Spontaneous/CPAP

**Backup Rate:**

**IPAP min:**

**IPAP max:**

**EPAP:**

**FiO2:** keep oxygen saturation greater than or equal to 90%.

May use home CPAP? N/A

**APAP min:**

**APAP max:**

Titrated per respiratory therapy policy #1313

CPAP for acute hypoxemic respiratory failure due to:

- *CHF*, *COPD/Asthma exacerbation without hypercapnea*, *ALI/ARDS*
- If PF ratio is less than 110, consider intubation early

CPAP at 10 cm H2O

### Blood gas, arterial

<table>
<thead>
<tr>
<th>Once, Starting today</th>
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</thead>
<tbody>
<tr>
<td>1-2 hours after initiation of NIPPV. Notify provider of results.</td>
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### BIPAP

BIPAP for acute hypercapnic respiratory failure due to:

- *COPD/Asthma exacerbation*, *Obesity hypoventilation syndrome*, *
- Respiratory distress after extubation

### Date/Time

- Provider Initial:

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CPAP / BIPAP Non-Invasive Positive Pressure Ventilation

[30400763]

**Franciscan Health System**

St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harrison Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

**PHYSICIAN ORDERS**
[ ] Mechanical vent - noninvasive

Priority: Routine ____________________ (Required)
Frequency: __________________________
Starting today, Until specified
Use protocol:
Defer to RT for Settings: yes/no __________
Type of ventilation: BiPAP _____________
Backup Rate: __________________________
IPAP min: ______________________________
IPAP max: ______________________________
EPAP: _________________________________
FiO2: To keep oxygen saturation greater than 90%. ________
CPAP: ________________________________
May use home CPAP? N/A ________________
APAP min: ____________________________
APAP max: ____________________________
Titrate per respiratory therapy policy #1313
BIPAP for acute hypoxemic respiratory failure due to: * CHF, *COPD/Asthma exacerbation without hypercapnea * ALI/ARDS
*If PF ratio is less than 110, consider intubation early

[ ] Mechanical vent - noninvasive

Priority: Routine ____________________ (Required)
Frequency: __________________________
Starting today, Until specified
Use protocol:
Defer to RT for Settings: yes/no __________
Type of ventilation: BiPAP _____________
Backup Rate: __________________________
IPAP min: ______________________________
IPAP max: ______________________________
EPAP: _________________________________
FiO2: To keep oxygen saturation greater than 90%. ________
CPAP: ________________________________
May use home CPAP? N/A ________________
APAP min: ____________________________
APAP max: ____________________________
Titrate per respiratory therapy policy #1313
BIPAP for acute hypoxemic respiratory failure due to: * CHF, *COPD/Asthma exacerbation without hypercapnea * ALI/ARDS
*If PF ratio is less than 110, consider intubation early

[ ] Blood gas, arterial

Once, Starting today
1-2 hours after initiation of NIPPV. Notify provider of results.

AVAPS

AVAPS for acute respiratory failure due to (Critical Care only unless otherwise ordered by Provider): * CHF * Hypercapnia/Hypoxemia * Obesity Hypoventilation Syndrome * ALI/ARDS * Respiratory distress after extubation * Interstitial Lung Disease/Restrictive Lung Disease

[ ] AVAPS

Date/Time ____________________ Provider Initial: ____________________
Obstructive Sleep Apnea

At bedtime and for naps for stable patient with Obstructive Sleep Apnea/Obesity Hypoventilation Syndrome per Nursing Protocol

- [ ] Mechanical vent - noninvasive

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Obstructive Sleep Apnea

At bedtime and for naps for stable patient with Obstructive Sleep Apnea/Obesity Hypoventilation Syndrome per Nursing Protocol

- [ ] RT Communication

Routine, Once, Starting today

Please add additional info:

Comments: CPAP at bedtime and for naps for stable patient with Obstructive Sleep Apnea/Obesity Hypoventilation Syndrome per Nursing Protocol

- [ ] Mechanical vent - noninvasive

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Home CPAP/BIPAP

May use auto-titrating CPAP in absence of home unit.

At bedtime and for naps for stable patient with Obstructive Sleep Apnea/Obesity Hypoventilation Syndrome per Nursing Protocol

Date/Time: __________________________ Printed Name of Ordering Provider: ________________________________________________

Provider Signature: ______________________________________________________

Date/Time: ______________ RN Acknowledged: ______________________________________