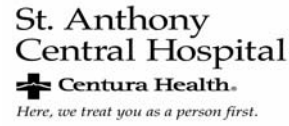




STAT

### Positive Airway Pressure (PAP)

Meditech category:  
Meditech Name:



### St. Anthony Central Hospital Order Set

Important: Pharmacy must receive a copy of all medication orders (new & change orders). Please scan to Pharmacy As Soon As Possible.

A Therapeutic or generic equivalent drug approved by the Pharmacy may be substituted.

Orders	Progress Notes
<p>Revised: 4/09 <span style="float: right;">PPO.781 Page 1 Of 1</span></p> <ol style="list-style-type: none"> <li>1) <input type="checkbox"/> Waiver signed if the patient is to use their home equipment.</li> <li>2) Mask choices: <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient providing own mask from home</li> <li><input type="checkbox"/> Respiratory to fit mask</li> </ul> </li> <li>3) APAP settings to be entered by RT: <ul style="list-style-type: none"> <li><input type="checkbox"/> Default settings – Range 8-18cm H2O</li> <li><input type="checkbox"/> Only for existing patients already on home CPAP but <u>without</u> their machine: <ul style="list-style-type: none"> <li>■ low range set point is current CPAP</li> <li>■ high range set point is current CPAP + 5 cm H2O (up to 20)</li> </ul> </li> </ul> </li> <li>4) <input type="checkbox"/> For Bilevel MD to provide pressure settings (range is IPAP 8-30 and EPAP 4-20): IPAP ____ cmH<sub>2</sub>O EPAP ____ cmH<sub>2</sub>O <b>Suggest: start at 12/6 with EPAP increased for hypoxemia, and the difference between IPAP and EPAP increased for hypercapnia (go up on IPAP).</b></li> <li>5) <input type="checkbox"/> Supplemental O2 added – goal saturations of 90% or greater.</li> <li>6) In PAP intolerant patients or PAP is contraindicated: <ul style="list-style-type: none"> <li><input type="checkbox"/> O2 by nasal cannula sufficient to keep saturations &gt; 90%</li> </ul> </li> <li>7) <input type="checkbox"/> The patient will use their own oral appliance (dental device) created for the treatment of OSA.</li> </ol>	<p><b>Guideline Objectives:</b> The hospital encourages the use of home positive airway pressure (PAP) devices or oral appliances designed for the treatment of Obstructive Sleep Apnea (OSA) for patients already on such treatment at home. Treatment of OSA is especially important in the peri-operative period. Failing this, the purpose of this protocol is to provide appropriate care for adult hospitalized patients with <u>known</u> OR <u>suspected</u> OSA.</p> <p><b>Equipment used:</b> The patient's home (PAP) device and mask <u>should</u> be used if possible.</p> <p>The PAP waiver must be signed.</p> <p>Autotitrating continuous positive airway pressure (APAP) or other PAP will otherwise be provided by the hospital. If PAP cannot be used then high flow supplemental oxygen is appropriate.</p> <p>The patient may use their own oral appliance but this can not be provided by the hospital.</p> <p><b>Contraindications</b> (DON'T use PAP if <b>any</b> boxes are checked)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent ENT surgery on the palate, throat or sinuses</li> <li><input type="checkbox"/> Recent gastric or duodenal surgery</li> <li><input type="checkbox"/> Active vomiting    <input type="checkbox"/> Coma</li> <li><input type="checkbox"/> Hypercapnia        <input type="checkbox"/> Decompensated CHF</li> <li><input type="checkbox"/> O2 requirements greater than 5 liters by nasal cannula</li> <li><input type="checkbox"/> Not alert enough to operate their own PAP machine</li> <li><input type="checkbox"/> Those currently using an oral appliance specifically for the treatment of OSA</li> </ul> <p><b>Resource help:</b> <i>Call Hospital Sleep Center or St Anthony's Central Hospital Sleep Center at 303-629-3569 during office hours only or the Respiratory Therapy department at any time.</i></p>
<p>_____ Physician Signature <span style="float: right;">_____ Date/Time</span></p>	



PATIENT BARCODE LABEL MUST BE PLACED IN THIS SPACE