

Referral Pathway for CPAP and BiPAP

1. Patient in ED is commenced on CPAP / BiPAP during assessment. Patient should be reviewed by a senior member of the ED medical team and referred to the on call respiratory consultant (24/7). The purpose of this referral is to determine the following:
 - a. Is an on-going trial of CPAP / BiPAP appropriate?
 - b. How dependent upon CPAP / BiPAP is the patient? [Patients who cannot tolerate >15 minutes off support and / or need an $\text{FiO}_2 \geq 0.7$ to maintain an SpO_2 88-92% (or their usual SpO_2 if they are chronically hypoxic) **MAY** need to be admitted to ICU **EVEN** if CPAP / BiPAP is the ceiling of supportive care]
 - c. What criteria constitute a successful trial?
 - d. What criteria constitute a failed trial?
 - e. If the trial fails, what is the plan? (Palliation or escalation / intubation)
 - f. If not for escalation is a DNACPR order in place?
2. Patients with the following criteria are likely to be safely managed on ADU / Marnharm Ward:
 - a. Airway: Safe (= can gag and cough) **AND** patent without any adjuncts (both awake and asleep) **OR** stable patient with long term tracheostomy.
 - b. Breathing:
 - i. At least some respiratory effort.
 - ii. Stable / improving gas exchange.
 - iii. Identified acute and / or chronic lung pathology with clear treatment plan.
 - iv. See also 1b.
 - c. Cardiovascularly stable.
 - d. AVPU – A or V **OR** chronic stable depressed level of consciousness.
 - e. Co-operative patients who can be managed with a nurse to patient ratio of more than 2 patients for every nurse.
3. Patients who fail one or more of these criteria **MAY** need to be managed on GICU – please refer them via bleep 7980 in the first instance (GICU SpR). Alternatively, if the decision making is challenging, please contact the on call GICU consultant. This is often best achieved by contacting the GICU SpR and asking them to contact us.
4. The pathway for ward patients who deteriorate should be similar but do sometimes get referred directly to the GICU team. If appropriate, the GICU team will ask the referring clinician to contact the Respiratory Team in the first instance but only if the patient is reasonably stable and in a safe environment.
5. Please report any problems related to the provision of CPAP / BiPAP via the Datix system and alert senior members of the appropriate team(s).