



Montgomery County Fire and Rescue Service

Division of Operations

Emergency Medical and Integrated Healthcare Services

Office of Medical Oversight Clinical Practice Guideline

Title:	CPAP Settings and Titration – Pulmodyne O2max Disposable CPAP Device Pilot	Number:	2024 – 01
Date:	March 6, 2024		
Issued by:	Roger M. Stone MD, MS – MCFRS Medical Director		
Purpose:	To clarify CPAP settings to be used during the pilot program of the Pulmodyne O2max.		
Target Patient Population:	Any patient receiving CPAP via the Pulmodyne O2max disposable CPAP device.		
Guideline:	<p>Background: The Pulmodyne O2max disposable CPAP has variable pressure and fractional inspired O₂ (FiO₂) settings available for titration to physiologic needs of the patient. MCFRS will begin with initial settings that should be suitable for most patients. These settings can also be titrated up to increase airway pressure and FiO₂ to improve oxygenation and ventilation in patients who do not respond adequately to the initial settings.</p> <p>Procedure:</p> <ol style="list-style-type: none">1. Place patient on CPAP with combination nasal cannula ETCO₂ sampling/O₂ delivery system in place.2. Begin CPAP therapy using O2max system with 30% FiO₂ and 10 cmH₂O of CPAP.3. Continue other therapies as appropriate while monitoring SpO₂.4. After 3-5 minutes of CPAP at these settings, if the patient's SpO₂ remains <94%, administer 5Lpm of via the nasal cannula already in place (increases FiO₂ to 45%)5. After 3-5 minutes of CPAP at these settings, if the patient's SpO₂ remains <94%, or work of breathing suggests ventilatory compromise, increase CPAP pressure to 15 cm H₂O.6. After 3-5 minutes of CPAP at these settings, if the patient's SpO₂ remains <94%, increase FiO₂ to 60% <p>The goal is a stepwise increase and titration to the patient's physiologic needs that allows time for therapies to work once applied.</p> <p><i>These steps are intended as a guideline, not a rigid doctrine.</i> The order and timing of steps may be adjusted at the clinician's discretion based on patient distress level and potential deterioration or physiologic needs of the patient.</p> <p>Questions may be referred to the EMIHS QM Battalion Chief.</p>		