



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**  
**MANGUM REGIONAL MEDICAL CENTER**

<b>TITLE</b>		<b>POLICY</b>
<b>CPAP &amp; BIPAP</b>		<b>RES-007</b>
<b>MANUAL</b>	<b>EFFECTIVE DATE</b>	<b>REVIEW DATE</b>
<b>Respiratory</b>	<b>03/2020</b>	
<b>DEPARTMENT</b>	<b>REFERENCE</b>	
<b>Respiratory</b>		

### **SCOPE**

This policy applies to all Respiratory Care Practitioners and Licensed Nursing Personnel of Mangum Regional Medical Center.

### **PURPOSE**

To provide guidelines for Respiratory Care Practitioners and Licensed Nursing Personnel for the patient who requires non-invasive ventilation.

### **DEFINITIONS**

NA

### **POLICY**

The Respiratory Care Practitioner and/or Nursing Personnel will administer CPAP and BIPAP according to the physician's order.

### **PROCEDURE**

1. Refer to Lippincott Clinical Resource Guide.
2. The Respiratory Care Practitioners and/or Licensed Nursing personnel must perform a BIPAP and CPAP check at a minimum of every 4 hours and document in the patient's medical record.

### **REFERENCES**

Lippincott Clinical Resource Guide.

### **ATTACHMENTS**

NA

**REVISIONS/UPDATES**

<b>Date</b>	<b>Brief Description of Revision/Change</b>