



CPAP PROGRAM DATA RECORD

Ambulance Service Provider _____ Level of Provider _____

1. Patient Demographics: Age _____ Sex: M F Date of service: _____

2. Inclusion Criteria:

- a. Retractions or accessory muscle use Yes No
- b. Respiratory Rate > 25/min Yes No
- c. Pulse Ox < 90% Yes No

3. Suspected Indication for CPAP Use: CHF Asthma/COPD Pneumonia Unsure

4. Vital Signs :	HR	RR	BP	O2 Sat	RDS*	LOC	Medications Given
Initial	_____	_____	_____	_____	_____	AVPU	_____
5 Mins.	_____	_____	_____	_____	_____	AVPU	_____
10 Mins.	_____	_____	_____	_____	_____	AVPU	_____
15 Mins.	_____	_____	_____	_____	_____	AVPU	_____
20 Mins.	_____	_____	_____	_____	_____	AVPU	_____
25 Mins.	_____	_____	_____	_____	_____	AVPU	_____
30 Mins.	_____	_____	_____	_____	_____	AVPU	_____
35 Mins.	_____	_____	_____	_____	_____	AVPU	_____
Hospital	_____	_____	_____	_____	_____	AVPU	_____

* RDS = Respiratory Distress Score 0-10 (10 being the worst)

5. EMT perception of patient Condition upon ED Arrival: Better Same Worse

6. Procedural Complications/Technical Difficulties: _____

7. CPAP discontinued before ED arrival? Y N If yes, why: _____

8. ALS Intercept? Y N Which ALS unit: _____

TO BE COMPLETED BY REGIONAL EMS COUNCIL:

Patient required intubation? Y N If yes, by whom? ALS ED ICU Floor

Patient Disposition: Admitted: ICU Floor LOS _____ Date of Death _____ Transferred to: _____

Admission Diagnosis : CHF COPD Asthma Pneumonia Other: _____

Was CPAP indicated and used correctly? Y N Comments: _____