

**St. Antonys PreHospital Services
Adult CPAP QA form**

Agency: _____

Alarm/PCR #: _____

Successful: (patient able to use/tolerate)

Yes

No

Gender:

Male

Female

Age: _____

Indication:

CHF

COPD

Other _____

.....
 Pulse Ox <88% after standard Rx

Capnography >50mmHg

Respirations >25 per minute

Wheezes, rales, rhonchi

Accessory muscle use

Fatigue

Please return to agency QI coordinator

O2 flow rate(s) used?

Start _____ Increases _____

Did the patient's clinical presentation improve?

Yes

No

Was in-line nebulization used?

Yes

No

Any other medications used?

Nitro

Morphine

Lasix

Other _____

Was patient able to achieve a good seal?

Yes

No

Complications / comments
