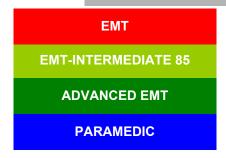




Approved 11/08/23, Effective 1/15/24, replaces all prior versions

## 3K – NON-INVASIVE POSITIVE PRESSURE VENTILATION (NIPPV) ADULT & INTER- FACILITY PEDIATRIC



#### Indications:

- 1. Dyspnea Uncertain Etiology Adult.
- 2. Dyspnea Asthma Adult.
- 3. Dyspnea Chronic Obstructive Pulmonary Disease (COPD) Adult.
- 4. Dyspnea Congestive Heart Failure (CHF) Adult.
- 5. Acute Allergic Reactions Adult (Dyspnea).
- 6. Water Submersion Event Adult (Dyspnea).
- 7. Pediatric Dyspnea Inter-Facility Continuation of Care.

#### Contraindications:

- 1. Apnea.
- 2. Pediatric dyspnea- Non-Inter-Facility/Non-Continuation of Care.
- 3. Adult dyspnea of lesser severity able to be managed without NIPPV.
- 4. Adult dyspnea of greater severity requiring invasive airway management.
- 5. Altered mental status preventing patient cooperation with NIPPV.
- 6. Active or suspected impending emesis.
- 7. High risk of aspiration/Impaired gag reflex.
- 8. Facial trauma/features impairing a tight NIPPV mask-face seal.



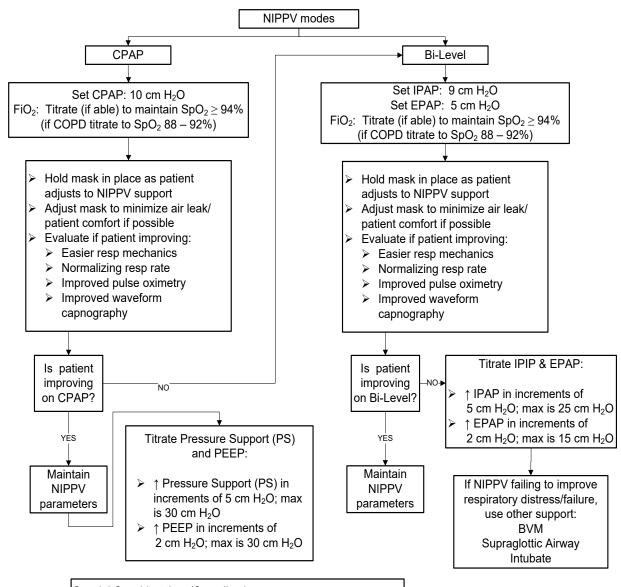




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PROTOCOL 3K: Non – Invasive Positive Pressure Ventilation (NIPPV) - Adult & Inter-Facility Pediatric, cont.

#### Bi-Level/CPAP Ventilation Algorithm



### Special Considerations/Complications

- Patients requiring bronchodilator therapy?
  - ✓ Bronchodilators via nebulizer t-piece in line with NIPPV
- It is very important to achieve a tight seal between face and NIPPV mask to deliver anticipated levels of NIPPV
- Monitor closely for nausea/impending emesis be prepared to quickly remove facemask to avoid aspiration of emesis



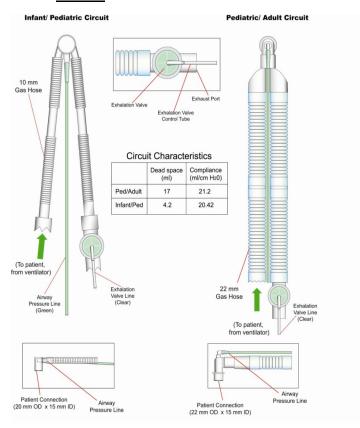


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PROTOCOL 3K: Non – Invasive Positive Pressure Ventilation (NIPPV) - Adult & Inter-Facility Pediatric, cont.

### Technique (ZoLL Z Vent):

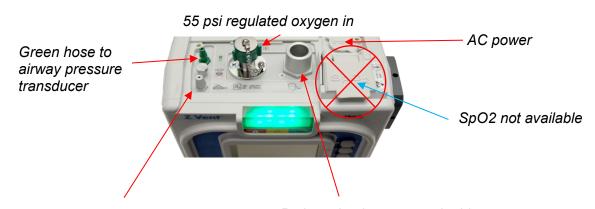
#### Circuits:



- 1. Zoll Z ventilator circuits feature a low dead space design that minimizes CO2 rebreathing.
- 2. Note: dead space (circuit and HME) should never be greater than 25% of the patient's tidal volume (set or spontaneous.
- 3. The 2 standard ventilator circuits cover the range of patient from infant through adult.
  - ➤ Pediatric/adult patients 20 kg through adult, minimum tidal volume 200mL.
  - \*\*\*Ventilator use in pediatrics restricted to inter-facility transport only.\*\*\*
  - ➤ Infant/pediatric 5 through 30 kg, maximum tidal volume 300 mL. \*\*\*Ventilator use in pediatrics restricted to inter-facility transport only.\*\*\*

### Connections - check the ventilator for proper operation before connecting to patient:

<u>Step 1</u>: Connect ventilator circuit (use test lung whenever possible) oxygen hose to 55 psi regulated output.



Clear hose to exhalation valve

Patient circuit corrugated tubing to gas







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## PROTOCOL 3K: Non - Invasive Positive Pressure Ventilation (NIPPV) - Adult & Inter-Facility Pediatric, cont.

Step 2: Power



Turn power switch to "ON"

- Unit performs a Self-Check and AUTO-CAL of the internal transducers.
- Zoll Z then begins operation using the default settings.
- AUTO-CAL is performed every 5 minutes thereafter or when an altitude or temperature change is detected.
- Start-up settings may be changed during operation at any time.

### Factory Defaults:

FiO2: 21%
High PIP Limit: 35 cm H2O
PEEP: 5 cm H2O
Vt: 450 ml
BPM: 12
I:E 1:3
Mode: AC (V)

Step 3: Changing a Primary Parameter:



- 1. Current value is highlighted.
- 2. Turn rotary encoder to desired value.
  - Adult
  - Pediatric
  - ➢ NIPPV
  - Custom (Cardiac Arrest)
  - Last setting

Remember: "Touch, Turn, Confirm"™