LIFE WITHOUT BARRIERS

NDIS LWB 5672 Non-Invasive Ventilator CPAP BiPAP Support - Protocol

- This CPAP/BiPAP Support Protocol must be developed with the person we support and their Health Practitioner.
- The CPAP /BiPAP Support Protocol must be overseen by the Health Practitioner.
- **Staff members must be appropriately trained to administer or dispense medication and undertake any Non-Invasive Ventilator Support Procedures.**
- This CPAP/BiPAP Support Protocol should be read in conjunction with the relevant policies and procedures.

Personal Details *(to be completed by staff & person we support)*			
Name:		**CIRTS ID:**	
Date of Protocol:		**Review Date:**	

My Support includes:				
Procedure – (who is responsible)	Me	LWB DSW	Health Professional	Other
☐ Ventilator Circuit Change (tube from machine to mask)	☐	☐	☐	
☐ Apply mask	☐	☐	☐	
☐ CPAP	☐	☐	☐	
☐ BiPAP	☐	☐	☐	
☐ Clean mask and tubing	☐	☐	☐	

My Preferences *(Completed by the person we support or their Support Network)*	
I like my ventilator circuit (hose from machine to mask) to be changed every	
I like the filter on my CPAP or BiPAP to be changed every	
I prefer to use a: ☐ Nasal pillow ☐ Nasal mask ☐ Full face mask ☐ Oral mask	If I cannot breathe through my nose due to being unwell, I use: ☐ My usual mask ☐ Full face mask ☐ No mask – but require regular monitoring as per instructions below.

☐ Other	

My Equipment: *(Completed by the person we support or their Support Network)*

Refer Tracheostomy Procedure for tracheostomy and suctioning equipment

Item	Description	Who orders this	How often	Where
Ventilator Tubing				
CPAP or BiPAP				
Mask				
Back up battery				
Pulse Oximeter				
Other				

CPAP or BiPAP Settings: *(Completed by Health Professional / Respiratory Specialist)*

Start at (cmH_20) and increase to (cmH_20)

Person specific support requirements *(To be completed prior to completion/approval by the AQHP)*

Record any information specific to the person's support needs in relation to this protocol.

Details about any specific changes or preferences staff must know in order to support the person with this procedure: *(This section must be completed by the Health Professional)*

☐ Not Applicable, the person's supports do not require any modification.

☐ Modifications are required as follows:

Details about how to support the person while they have a cold or illness affecting their ability to wear their mask. *(Completed by Health Professional)*

In the event of an emergency, please contact <u>000</u> plus *(Completed by staff & the person we support)*:			
Name:		**Contact Number**	
Relationship			
Name:		**Contact Number**	
Relationship			

Protocol developed by: *(completed by Health Professional(s))*			
Name:		**Profession:**	
Contact details:		**Date:**	
Name:		**Profession:**	
Contact details:		**Date:**	

Review of Protocol *(completed by Health Professional)*		
☐ **Set review:**	**Date:**	
Signature:		

☐ **As needed review:** This protocol will be reviewed following

- a problem being identified while following this protocol
- a new risk being identified
- advice from the person's GP/ Allied Health Professional

Consent and Authorisation

I consent to the support requirements in this Protocol to be implemented in order to assist in the management of my health supports or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.

Name	**Relationship**	**Signature**	**Date**
	Self		
	Guardian / Person Responsible		

	LWB Line Manager		

Staff Declaration

LWB Staff Declaration (*All staff who work with this person to sign along with AQHP conducting Skills Assessment)*					
I have read and understood this Protocol and have received training relevant to the person's support needs and I agree to implement the attached protocol.					
Staff Name	Signature	Date	AQHP Name	Signature	Date

Upload to CIRTS as follows:
Plans & Assessments > New Plan > Service Type = the service providing the HIDPA > Plan name – [select from drop down] Ventilator Management Protocol > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD