

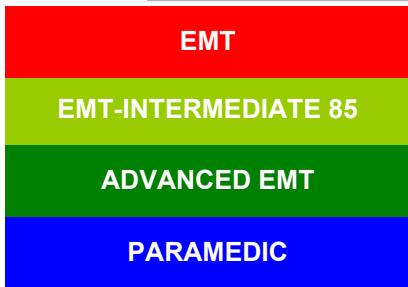


EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



Approved 9/17/25, Effective 1/15/26, 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.



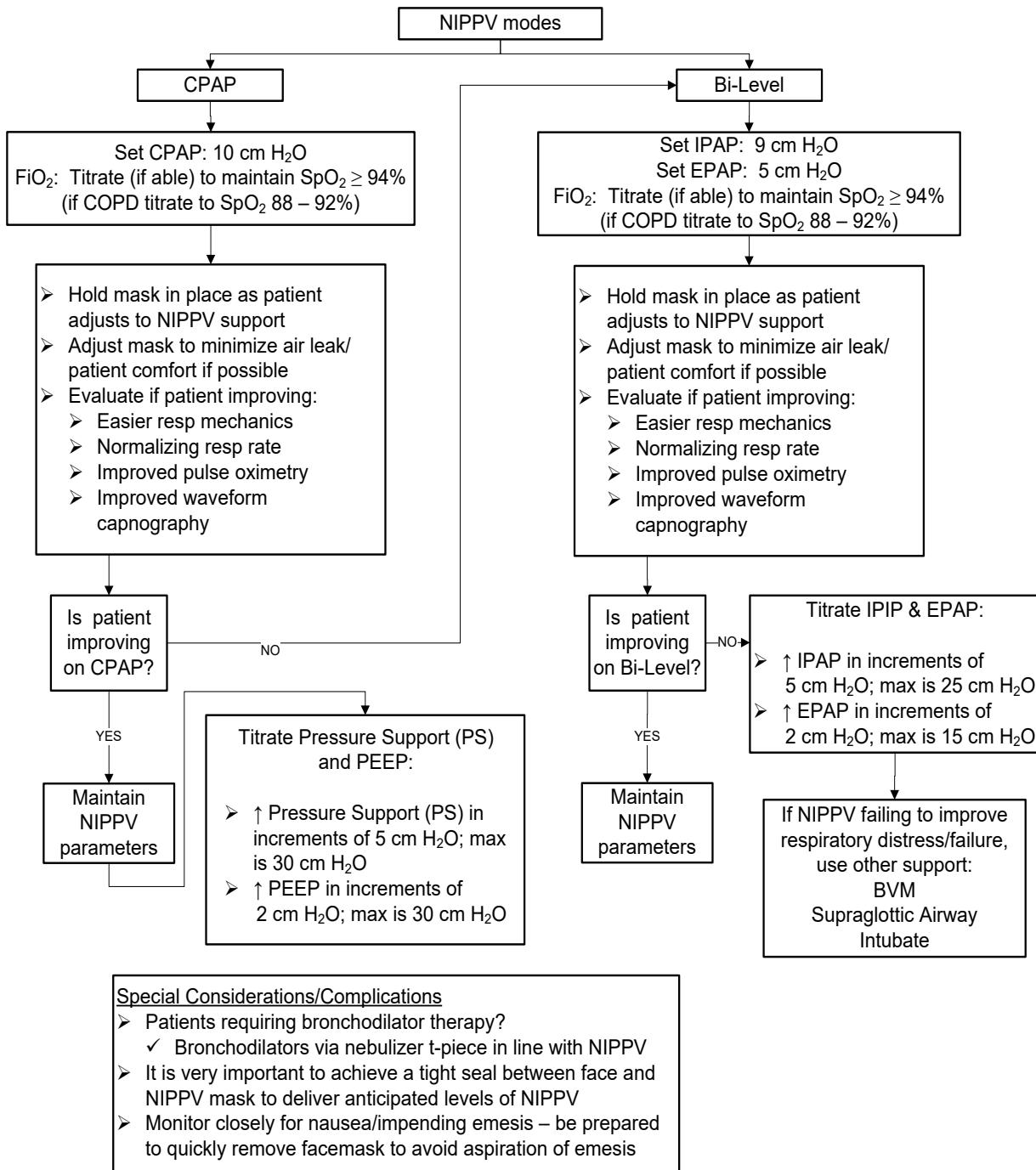
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PROTOCOL 3K: Non – Invasive Positive Pressure Ventilation (NIPPV) - Adult & Inter-Facility Pediatric, cont.

Bi-Level/CPAP Ventilation Algorithm





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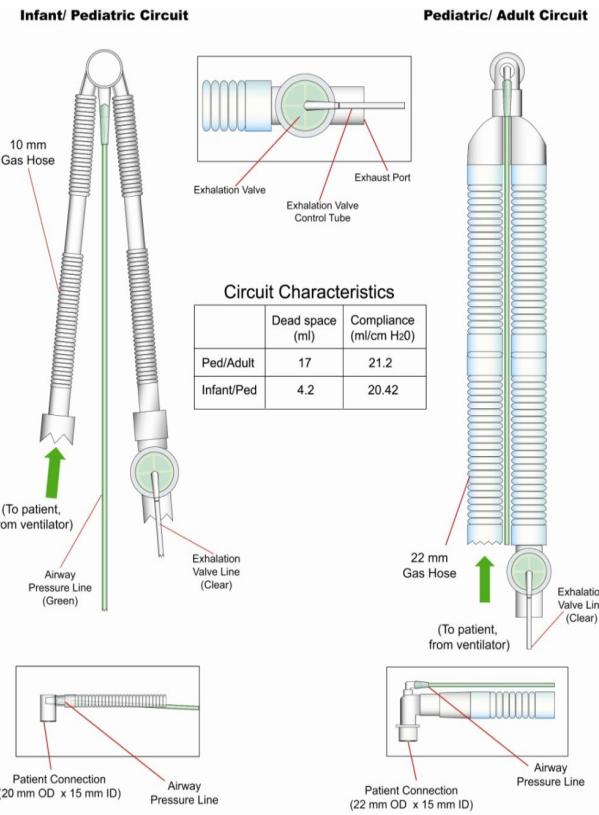


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Technique (Zoll Z Vent):

Circuits:



1. Zoll Z ventilator circuits feature a low dead space design that minimizes CO₂ re-breathing.
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.

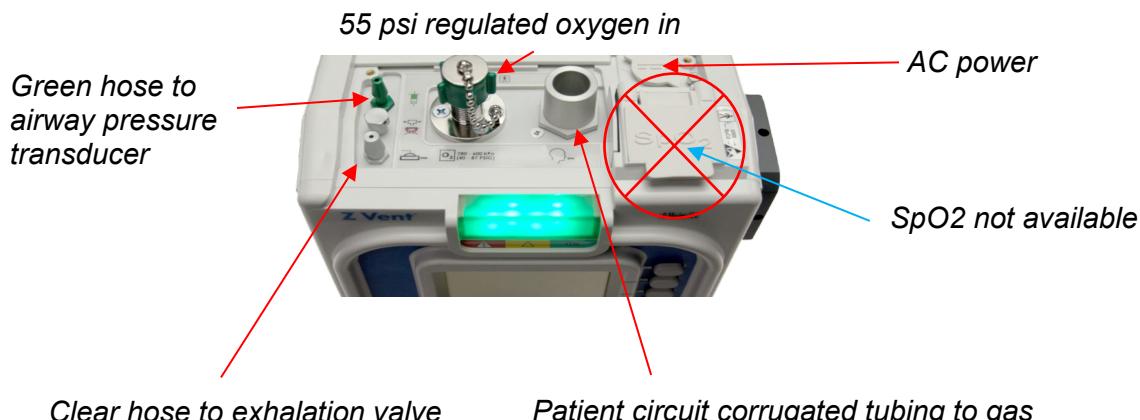
*****Ventilator use in pediatrics restricted to inter-facility transport only.*****

➤ 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:

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





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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:

• <i>FiO₂:</i>	21%
• <i>High PIP Limit:</i>	35 cm H ₂ O
• <i>PEEP:</i>	5 cm H ₂ O
• <i>Vt:</i>	450 ml
• <i>BPM:</i>	12
• <i>I:E</i>	1:3
• <i>Mode:</i>	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"™