Name of Policy: Ordering and Management of Non-Invasive Ventilation and CPAP **Policy Number**: 3364-100-01-23 **Approving Officer**: Chief Executive Officer, Chief of Staff, Chief Medical Officer **Responsible Agent**: Senior Hospital Administrator **Scope**: University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** 6/2025 **Original effective date**: 6/2025
Key words: Ordering Guidelines, Credentials, Management, Non-Invasive Ventilation, CPAP	

☒	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy Statement

NIV (non-invasive ventilation) support and CPAP (Continuous Positive Airway Pressure) has become standard treatment for patients with sleep disordered breathing or obstructive sleep apnea (OSA). The use of these modalities has also been shown to help reduce rates of endotracheal intubation when applied prior to the onset of respiratory failure in selected populations of patients with transient compromise of ventilation due to congestive heart failure, COPD, pneumonia, etc. These modalities are also used as a bridge after liberation from full ventilatory support.

(B) Purpose of Policy

To establish specific guidelines concerning the ordering and management of non-invasive ventilation and CPAP devices.

(C) Procedure

1. NIV used for the intention of non-invasively ventilating a patient must have a consult immediately placed to a physician that has the following privilege at the University of Toledo Medical Center: Management of patients on mechanical ventilation. All patients admitted with a primary diagnosis of COPD requiring the use of non-invasive ventilation must have a consult to Pulmonology.

a. The use of NIV via a mechanical ventilator should optimally be restricted to the ICUs, the ED and PACU. The reason for this is patient safety and to have the appropriate level of monitoring, with frequent assessment of ventilatory status, mental status, and vital signs. Many of these patients have altered mentation, receiving medications causing sedation and/or have significant respiratory compromise.

b. When administering NIV, restraints should not be used to allow the patient the ability to remove the NIV mask in the event of vomiting. If restrained while wearing an NIV mask in the presence of vomit, there is a high likelihood that aspiration of the vomit can occur. If restraints must be used, the patient will be placed on a monitored bed and have either a sitter or direct line of sight.

c. If the patient is on a V60 NIV unit for respiratory failure, they need to be placed on a monitored bed, and when possible, in the "straight aways" (non-fan rooms) near the nurses' station in a step-down unit. If the patient is placed on a V60 for OSA, the use of a pulse oximeter is required for alarm back-up.

2. NIV and CPAP for the treatment of OSA may be ordered and managed by any physicians/providers assigned to the primary care service of patients admitted to the in-patient med-surg or step-down nursing units. This includes orders placed by advanced practice providers under the guidance of the primary physician.

Approved by: /s/ _____ Daniel Barbee Chief Executive Officer _____ Date /s/ _____ Puneet Sindhwani, MD Chief of Staff 6/23/2025 _____ Date /s/ _____ Michael Ellis, MD Chief Medical Officer 6/3/2025 _____ Date /s/ _____ Russell Smith Senior Hospital Administrator 6/11/2025 _____ Date *Review/Revision Completed by:* *Director, Respiratory Care*	**Policies Superseded by This Policy:** Initial effective date: 6/2025 Review/Revision Date: Next review date: 6/2028