 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.62	<b>Page</b> 1 of 7
	<b>Original Effective Date:</b> 02/10/14	<b>New Effective Date:</b> 02/15/17
	<b>Supersedes:</b> 500.30.62	<b>Dated:</b> 06/11/15
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		

**POLICY**

Division of Adult Institutions inmate patients shall have access to medically necessary Positive Airway Pressure therapy after being diagnosed with sleep disordered breathing. Positive Airway Pressure therapy shall be under the supervision of Respiratory Therapy and licensed nurses.

**REFERENCES**

DAI Policy 500.10.12 – Prior Authorization Guidelines for Non-Urgent Care (Class III)  
ResMed AirSense 10 – CPAP Clinical Guide

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

Autopap – Auto adjust positive airway pressure.

BiPap Bilevel – Bilevel positive airway pressure.

CPAP – Continuous positive airway pressure

CSA – Central sleep apnea

DOC-3621 – Respiratory Care Plan

DOC-3680 – Order/Return CPAP BIPAP Autopap

DOC-3680A – Acknowledgement of Receipt of CPAP, BIPAP, AUTOPAP

PAP – Positive airway pressure

RT – Respiratory Therapist

**PROCEDURE****I. Approval for PAP Therapy**

- A. The inmate patient shall have a completed sleep study test with indication of need.
- B. ACP shall request PAP therapy to be approved through the process outlined in DAI Policy 500.10.12 per Medicare Guidelines.

<b>DAI Policy #:</b> 500.30.62	<b>New Effective Date:</b> 02/15/17	<b>Page</b> 2 of 7
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		

C. ACP shall order PAP therapy.

## **II. Obtaining Equipment**

A. RN or RT shall be notified of PAP approval and schedule an appointment with the HSU to fit the inmate patient with the correct mask. Mask choices include:

1. Nasal.
2. Full face.
3. Nasal pillows.
4. Order machine and mask on DOC-3680 – Order/Return CPAP BIPAP Autopap.

B. RN or RT shall set inmate patient on Autopap unless the ACP specifies a different type of therapy.

## **III. Equipment Setup**

A. All new inmate patients shall be set up with ResMed AirSense10 machine unless otherwise ordered. All inmate patients set up prior to 11/2014 will have been set up on the Devibiss pap therapy.

B. Autopap is set at 4 and 20cm H<sub>2</sub>O.

C. Attach heater to the machine.

D. Place tubing on heater/humidifier and connect to mask.

E. Ensure the mask is fitted properly and there are no leaks.

1. Feel around the nose and mouth to make sure that it is not too tight or loose.
2. You should feel air coming out of the front of the mask (exhalation valve).

F. It may take multiple attempts to get the correct mask style to ensure adherence to PAP therapy.

G. Instruct inmate patient how to fill the heater/humidifier, open the humidifier tray and fill with distilled water.

H. Follow-up shall occur at 30 days after initial initiation of therapy and as needed by licensed nurse or RT to ensure adherence and proper use.

I. Reinforce the importance of adherence to therapy.

J. Inmate patient shall sign the completed DOC-3680A – Acknowledgement of Receipt of CPAP, BIPAP, AUTOPAP. A report shall be sent to the HSU with the inmate patient's compliance of the first 30 days.

## **IV. Cleaning Instructions for Inmate Patient**

A. Wipe down unit daily.

<b>DAI Policy #:</b> 500.30.62	<b>New Effective Date:</b> 02/15/17	<b>Page</b> 3 of 7
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		

- B. Mask, tubing and humidifier shall be cleaned daily with warm soapy water, and then rinsed thoroughly with the tubing hung to dry.
- C. Filter
  - 1. If Devilbiss machine, the black charcoal filter shall be rinsed daily and left to air dry.
  - 2. If ResMed machine, there is a white AB filter. It should be checked daily and wiped down and changed every six months.
  - 3. Brush off white felt filter daily. Change when needed or minimally every six weeks.

## V. Replacement

- A. Inmate patient shall be checked for adherence every six months. Documentation of use shall be recorded on the DOC-3621 – Respiratory Care Plan.
- B. Tubing, mask and filters shall be replaced every six months.
- C. Inmate patients shall use equipment 70% of the time for a minimum of four hours. This is about 84 hours/month to be deemed adherent to therapy according to Medicare standards.
- D. If inmate patient continues to demonstrate non-adherence to therapy according to the above guidelines, therapy shall be discontinued after consulting and obtaining an ACP order.
- E. If unable to tolerate PAP therapy, a dental referral may be considered for an oral appliance.

## VI. Further Description of Equipment in Pictures

- A. CPAP Device
  - 1. #7 – Device DC power connector.
  - 2. #8 – Data port.
  - 3. #6 – AC power connector.
  - 4. #2 – Air supply-where the tubing is connected if not using the humidifier. If using humidifier than plug #4 into this port.
  - 5. #4 – Air supply port plug.
  - 6. #10 – Air inlet filter opening.
- B. PAP Device
  - 1. #5 – Heater power connector (remove the connector cover if using the humidifier).
  - 2. #3 – Air supply port on bottom to be attached to the humidifier if using.
- C. Keypad
  - 1. #1 – Keypad/LCD on/off button.
  - 2. #2 – Previous item.

<b>DAI Policy #:</b> 500.30.62	<b>New Effective Date:</b> 02/15/17	<b>Page</b> 4 of 7
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		

3. #3 – Next item.
4. #4 – Delay.
5. #5 – Decrease value.
6. #6 – Increase value.
7. #7 – Heater power (ranges from off-10).

D. Humidifier Cradle

1. #1 – Heater plate.
2. #2 – Heater power connector.
3. #3 – Storage compartment for connector cover (on bottom).
4. #4 – Air supply port inlet.
5. #5 – Air supply port outlet (tubing is placed here if using humidifier).
6. #6 – Flow generator release button.
7. #7 – Flow generator locking tabs.

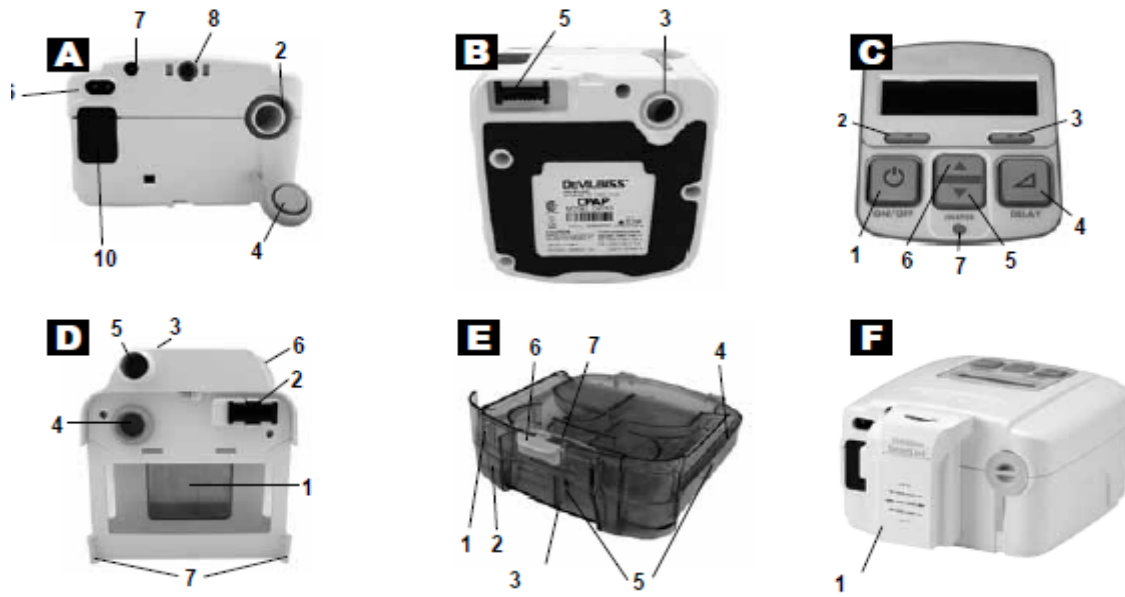
E. Water Chamber

1. #1 – Chamber lid.
2. #2 – Chamber base.
3. #3 – Heat transfer plate.
4. #4 – Sealing gasket.
5. #5 – Water level indicator.
6. #6 – Chamber release latch.
7. #7 – Chamber disassembly lever.

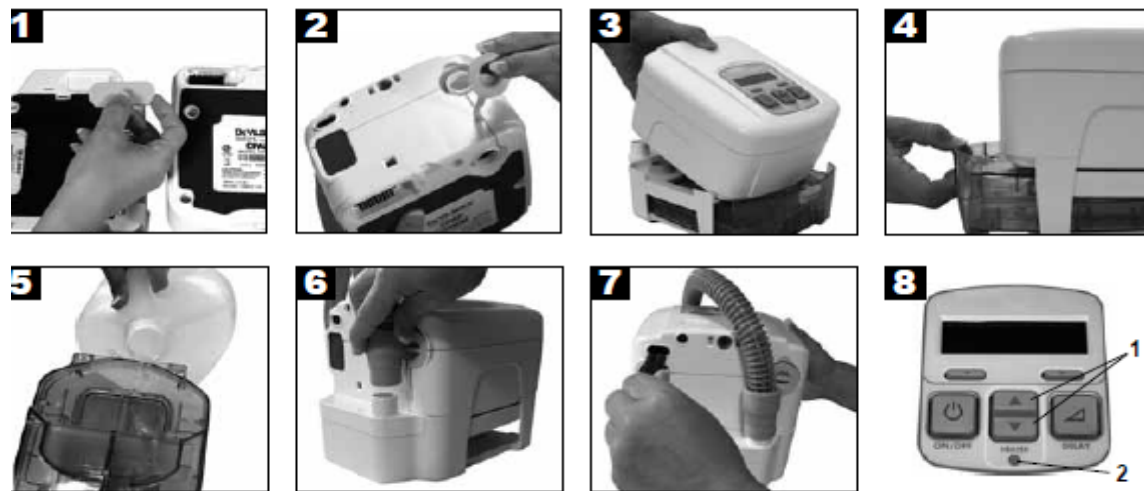
F. Therapy management system

<b>DAI Policy #:</b> 500.30.62	<b>New Effective Date:</b> 02/15/17	<b>Page</b> 5 of 7
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		

### Key Features



### DV57 / DV5HH



### DV5HH



SE-DV57-1

<b>DAI Policy #:</b> 500.30.62	<b>New Effective Date:</b> 02/15/17	<b>Page</b> 6 of 7
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.30.62	<b>Page</b> 7 of 7
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES****DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other