

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.62	Page 1 of 4
	Original Effective Date: 02/10/14	New Effective Date: 01/11/21
	Supersedes: 500.30.62	Dated: 02/15/17
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		

POLICY

Division of Adult Institutions 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
Wisconsin Statutes s. 302.38 – Medical Care of Prisoners

DEFINITIONS, ACRONYMS AND FORMS

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

Autopap – Auto adjust positive airway pressure.

BiPap Bilevel – Bi-level positive airway pressure.

CPAP – Continuous positive airway pressure

CSA – Central sleep apnea

DOC-3621 – Respiratory Care Plan

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

EMR – Electronic Medical Record

PAP – Positive airway pressure

RT – Respiratory Therapist

PROCEDURE**I. Approval for PAP Therapy**

- A. The 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.

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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 patient with the correct mask.

B. Order machine and mask in the EMR under CPAP PowerPlan.

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

III. Equipment Setup

A. 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).

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

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

D. 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.

E. Reinforce the importance of adherence to therapy.

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

IV. Cleaning Instructions for Patient

A. Wipe down unit daily.

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.

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V. Replacement

- A. 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. Patients shall use equipment 70% of the time asleep for a minimum of four hours. This is about 84 hours/month to be deemed adherent to therapy according to Medicare standards.
- D. If 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.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.62	Page 4 of 4
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Positive Airway Pressure Therapy – Auto, CPAP, Bilevel		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

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