

EXHALE ACADEMY CSE CHEAT SHEET #10

BiPAP VS INTUBATION

BiPAP IS REASONABLE WHEN

- Patient is awake enough to cooperate.
- Can protect airway and clear secretions.
- Hemodynamically stable.
- No major facial trauma or mask leak issue.
- Ventilatory failure is present but not immediately crashing.

INITIAL BiPAP CONCEPTS

- IPAP supports ventilation and lowers CO₂.
- EPAP supports oxygenation and airway pressure.
- Use enough FiO₂ to meet oxygenation target.
- Set a rate if backup support is needed.
- Monitor ABG and work of breathing soon after starting.

INTUBATE WHEN

- Respiratory arrest or severe apnea.
- Unable to protect airway or high aspiration risk.
- Severe mental status change.
- Hemodynamic instability or cardiac arrest.
- Severe acidosis/hypoxemia or failure to improve on NPPV.

NPPV CONTRAINDICATIONS

- Upper airway obstruction.
- Active vomiting/upper GI bleeding.
- Facial surgery, burns, or trauma preventing mask seal.
- Copious secretions or weak cough.
- Severe agitation or inability to cooperate.

REASSESSMENT

- RR decreases, accessory muscle use decreases.
- pH improves, PaCO₂ trends down.
- SpO₂/PaO₂ improves without excessive FiO₂.
- Patient is more alert and less fatigued.

EXHALE MEMORY LINE

BiPAP buys time only when safe. If airway, mental status, or ABG worsens: intubate.