

# Boussignac® CPAP System- Short Installation Procedure

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Boussignac® CPAP System (B®CPAP) is indicated in Covid19+ (or possible) patients requiring enrichment of inspired oxygen concentration (SpO2 < 92% in ambient air).

B® CPAP can be used continuously or discontinuously depending on the needs.

The use of B®CPAP is associated with close or continuous monitoring (depending on clinical status) of SpO2.

## Very short B®CPAP System « set-up »

Make sure the patient's environment is placed in negative pressure or at atmospheric pressure and follow the User Manual (drawing and picture)

- A) Assemble the 3 elements of the System: 1 facemask with its attachment ties+ 1 adapted HEPA filter type\* + the B®CPAP. \*A small connecting piece may be needed to connect the filter to the B® CPA.P. The interSurgical® HEPA filter connects directly to B® CPA.P.
- B) Connect the B®CPAP piece to wall-flowmeter
- C) Start to increase oxygen flow rate beginning at 6 l/min => measure rest SaO2 , 3 min later
  - a. If < 92% increase the flow by 3 cmH20 steps then control SpO2, 3 min later.
  - b. If rest SpO2 remains below 92% at 15 l/min flow inform physician from the ICU and propose to use a 30 L/min wall-flowmeter under ICU supervision

## Major advantages of the B®CPAP System

Usable in the ward. No energy required. Strictly open system for pressure and ventilation. Protection of care givers against exhaled infected particles. Protection of the environment of the patient. No possibility of overpressure in upper airways. Very low risk of ventilatory leak and aerosolization of infected particles. Adaptive system promoting minor and variable inspiratory assistance (depending upon inspiratory flow rate generated by the patient) and well tolerated low level of positive expiratory pressure in the upper-airways. Allows the use of aerosolizers to deliver treatment directly (bronchodilators) into the lung without contaminating the environment of the patient. Identifies patients who are worsening and evaluate the need for admission to the ICU. Limits hospital oxygen consumption (as compared to others open oxygenation techniques).