

How long will it take to get used to the treatment?

This depends on the child. Some children adjust within a few days to wearing the CPAP while others may take a few weeks. Other children may take several months. Discuss any issues or concerns with the staff.

Will my child ever be able to stop using the treatment?

CPAP does not cure OSAS. It merely controls it whilst using the device. The decision for your child to continue or stop using the CPAP is very individual. Discuss this with your doctor.

How long does the CPAP need to be used for?

CPAP should be used all night, every night for the best benefit (at least 4 hours a night). It may take some time before your child can manage this, however if your child does not use the CPAP the symptoms of OSAS will return.

Follow up

Your child will be reviewed by their Sleep Doctor at their clinic approximately every three to six months. At each of these appointments it is important to bring the CPAP machine and mask to check it is functioning and fitting correctly. A follow-up sleep study is usually done every 12 months to check pressure settings and make any necessary adjustments.

If you have any concerns please contact:

The Royal Children's Hospital

Respiratory Nurse: Monday – Friday on (03) 9345 5795
After hours the Respiratory Doctor on call can be contacted by ringing the Switchboard on (03) 9345 5522

Monash Medical Centre

Melbourne Children's Sleep Unit:
Business Hours on (03) 9594 5705
After hours Monday – Friday (03) 9594 5704
or the Paediatric Respiratory Doctor on call can be contacted by ringing the Switchboard on (03) 9594 6666

Starting your child on Continuous Positive Airway Pressure (CPAP)

A parent's introduction

Contact us if:

- Your child has any trouble wearing the mask at any stage:
As we may need to adjust the CPAP pressure or re-fit the mask.
- Your child has an acute episode of illness such as:
 - Cold / cough / flu
 - Excessive amount of secretions or mucous
 - Vomiting – danger that your child may inhale (breathe in) the vomit,As it may be necessary to stop the CPAP during this period.

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What is Obstructive Sleep Apnoea Syndrome (OSAS)?

OSAS involves partial or complete obstruction of the upper airway during sleep. The symptoms include snoring, breathing pauses or difficulty breathing, restless sleep and daytime tiredness. The symptoms can impact on your child's health, wellbeing and daytime performance.

What is Continuous Positive Airway Pressure (CPAP)?

CPAP is a method of treating OSAS. It involves giving room air to the child at a set pressure to keep their airway open and prevent the obstruction. The room air is delivered from a pump (CPAP machine) through tubing to a mask on the patient.



CPAP machine and masks

While many parents are unsure if their child will cope with the mask we find that most children will tolerate the mask as they get relief from their OSAS symptoms. Different CPAP units and masks are available, the choice of which to use is based on the child's comfort. Masks can sit over the nose, the mouth, or both or alternatively into the child's nostrils. The mask is kept in place on the child's face by either a small cap or head straps.

Placement of machine

- Make sure the CPAP unit is on a firm flat surface above the floor with the air intake not being blocked by bedding / curtains etc.
- If humidification is used, make sure that the CPAP unit and humidifier are below the level of the bed. This ensures any condensation (water) DOES NOT flow into the patient mask.

General hints

- Only place the mask on to your child once the machine switched on.
 - Most machines have a Ramp function that is used to start the CPAP at the lowest pressure and gradually increase to the set pressure once your child is asleep.



Daily routine checks

- Make sure the tubing and mask are undamaged and put together properly (tubing is securely attached to the mask).
- If humidification is used: make sure the settings are correct and that fresh distilled water has been placed into the chamber up to the specified line.
- Make sure the head straps are firm but not too tight - you should be able to slip your fingers between the strap and your child's face easily.
- Leaks – make sure the mask is sitting correctly on the face. If you cannot avoid a leak, ensure it is not into eyes (to avoid eye irritation).
- Make sure the exhalation ports on the mask are not blocked by bedding or clothing. These ports are how air breathed out is flushed out of the mask.
- When not in use - switch off CPAP unit and unplug from the power source.
- If there are young children in the house, keep CPAP unit out of reach.

How to clean the equipment

Daily:

Clean the mask and tubing with warm soapy water, rinse thoroughly and leave to dry. If using humidification, empty the water from the chamber each day and replace with fresh distilled water (to the specified line) before use each night.

Weekly:

Disinfect the breathing tube and humidifier chamber by soaking in a solution of 1 part vinegar to 10 parts water for 10 minutes. Then rinse thoroughly and leave to dry.

As needed:

Replace the air filter when it becomes discoloured.