

Cough Assist

Patient's name:		Address:	
Date of birth:			
Diagnosis:			
Next of kin:			
Medical card number:		Medical card expiry date:	
Telephone number:		Mobile telephone number:	

Please tick or number where appropriate

PRESET ONE Required				Yes		No	
If only one Pre-set is required please tick the No tickbox on Presets Two and Three. If additional presets are required please fill out separate prescription							
Manual Mode		Auto Mode		Advanced Auto	Yes		
Cough Track	ON / OFF						
Pre-Therapy Breaths 1-10		Pre Therapy Pressure	(1-70cmH2o)	20			
Pre Therapy Flow	Low		Medium		High		
Pre-Therapy Inhale Time 0.1-5.0 seconds		Pre Therapy Pause 0.1 – 5.0 seconds		No. of cough cycles 1-15			
Inhale Pressure (0 to +70 cm H20)		Inhale Flow	Low	Medium	High		
Inhale Time (0 to 5 Seconds)		Exhale Pressure (0 to -70 cmH20)					
Exhale Time (0 to 5 Seconds)		Pause Time (0 to 5 Seconds)			auto		
Oscillation	Exhale	Inhale		Both			
Frequency (Hz) 1-20				Amplitude (0 to 10)			
Post Therapy Breath	ON	OFF		No. of therapy Cycles 1-10			

Frequency of change for Mask, Circuit and filter	1 week			1 month		6 months	
Patient interface	Mask	Paediatric	Toddler	Infant	Small	Medium	Large
Direct Trachea Connection							

Prescriber comments

Prescribers details	
Prescribers name:	Prescriber Signature:
Bleep number:	Date:

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