

TRILOGY 100 ORDER FORM



Private patient? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient's name:	Address:
Date of birth:	
Diagnosis:	
Next of kin:	
Medical card number:	Medical card expiry date:
Telephone number:	Mobile telephone number:

Circuit type

Passive types: Whisper Swivel Disposable Exhalation Port Catheter mount exhalation port Re-usable mask

Active types: Active expiration valve

Ventilation mode

Pressure modes: CPAP S S/T PC PC MPV PC-SIMV T AVAPS AE

Volume modes: CV AC AC MPV SIMV

Ventilation parameters

If pressure mode selected: <input type="text"/> IPAP cm H ₂ O SIMV <input type="checkbox"/> If SIMV selected: Pressure support: <input type="text"/> cm H ₂ O	If AVAPS is on: Target Vte: <input type="text"/> ml IPAP min: <input type="text"/> cm H ₂ O IPAP max: <input type="text"/> cm H ₂ O	If volume mode selected: Target Vte: <input type="text"/> ml Flow pattern Ramp <input type="checkbox"/> Square <input type="checkbox"/> Sigh On <input type="checkbox"/> Off <input type="checkbox"/> SIMV <input type="checkbox"/> If SIMV selected: Pressure support: <input type="text"/> cm H ₂ O	
EPAP <input type="text"/> cm H ₂ O	RR <input type="text"/> BPM	Ti <input type="text"/> sec	Rise time <input type="text"/>

Trigger

AutoTRAK AutoTRAK sensitive Flow trigger Flow trigger sensitivity lpm (1-9) cycle sensitivity % (10-90)

Alarms

Disconnect: <input type="text"/> Sec (or mins if MPV)	High insp pressure: <input type="text"/> cm H ₂ O
Low insp pressure: <input type="text"/> cm H ₂ O	Apnea: <input type="text"/> Sec
Apnea: <input type="text"/> Sec	High Vt: <input type="text"/> ml
Low Vt: <input type="text"/> ml	High minute ventilation: <input type="text"/> lpm
Low minute ventilation: <input type="text"/> lpm	High respiratory rate: <input type="text"/> BPM
Low respiratory rate: <input type="text"/> BPM	

Double prescription 1. Primary settings from: <input type="text"/> hour to <input type="text"/> 2. Secondary settings from: <input type="text"/> hour to <input type="text"/>	Oxygen supply Oxygen flow rate: <input type="text"/> lpm
--	--

Prescribers details

Prescribers name:

Bleep number: _____ Date: _____

Notes: