

# BiPAP ORDER FORM

## - PRISMA VENT 40

### AUTO ST MODE ONLY

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:

Prescription details	
<b>Nasal mask</b> Nasal mask required? Yes <input type="checkbox"/> No <input type="checkbox"/> Nasal pillows required? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Full face mask</b> Full face mask required? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Mask size</b> Mask size (if known): <input type="text"/> Mask type (if known*): <input type="text"/> Oxygen ____ l/min <small>* If no mask type is selected, our engineer will chose an appropriate mask to suit the patient's requirements.</small>	
<b>Settings</b> PInsp: <input type="text"/> cm H <sub>2</sub> O (0-36cm H <sub>2</sub> O) IPAP Max: <input type="text"/> cm H <sub>2</sub> O (max 36cm H <sub>2</sub> O) EPAP min pressure: <input type="text"/> cm H <sub>2</sub> O (4-25) (EPAP value + PInsp = IPAP max) EPAP max pressure: <input type="text"/> cm H <sub>2</sub> O (4-25)	Tidal volume: <input type="text"/> ml (100-2000) Breath rate: <input type="text"/> Auto/0-60 BPM Target volume speed: <input type="text"/> 1, 2, 3 Delta P: <input type="text"/> Pressure rise inhale: <input type="text"/> (1-4) Pressure rise exhale: <input type="text"/> (1-4) Ti min + max: <input type="text"/> default 0.5-1.7/ sec 0.2-4.0 range Ti timed: <input type="text"/> Applies to mandatory breath Air TRAP control On <input type="checkbox"/> Off <input type="checkbox"/>
<b>Trigger type</b> Auto <input type="checkbox"/> Flow trigger <input type="checkbox"/> Flow trigger sensitivity: <input type="text"/> lpm (1-8) Flow cycle sensitivity: <input type="text"/> % (5-95)	

Patient alarms	
Leakage high: (20-100 l/min)	Low vt: (90-2000 mls)
Low pressure: On <input type="checkbox"/> Off <input type="checkbox"/>	High vt: (100-2000 mls)
High pressure: (4-45cm H <sub>2</sub> O)	Low frequency: (5-60)
Apnoea: (1 min, 10-55mins)	High frequency: (5-60)

Prescribers details	
Print name:	Hospital:
Signed:	Contact number:
Date:	Comments: