

Trust:	
Patient's Name:	Date of Birth:
Address:	
Diagnosis:	
Telephone Number:	Mobile Telephone Number:
Next of Kin:	Next of Kin (Contact Number):
Translator Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Language:	H & C Number:

Preset Number <input type="checkbox"/>	Preset Number <input type="checkbox"/>	Preset Number <input type="checkbox"/>
Pre-therapy Breaths/Auto Mode	Manual <input type="checkbox"/> Auto Mode <input type="checkbox"/>	IPPB Mode (with Exhalation Port)
Inspiratory Pressure (5 to 70 cmH ₂ O)	Inspiratory Pressure (5 to 70 cmH ₂ O)	Inhale Flow (5-100 in 5l/min increments)
Slope (0-5)	Slope (0-5)	Inhale slope On/Off
Inspiratory Time (0.5 – 5 secs)	Inspiratory Time (0.5 – 5 secs)	Pressure Max (10 to 50 cmH ₂ O)
Trigger OFF/1-3	Oscillation Inhale/Exhale/ Both Amplitude (1-3) Frequency (4-20Hz)	Inhale trigger (Off 1-5)
Exhale Pressure (0-70 cmH ₂ O)		
Exhale Time (0.5 – 5 secs)	Trigger Off/1-3	PEEP (OFF/1-20)
Pause Time (OFF/0.5 – 5 secs)	Exhale Pressure (0-70 cmH ₂ O)	Exhale Slope 0-5
PEEP (OFF/1-20)	Exhale Time (0.5 – 5 secs)	Inhale Max time – 0.5 to 20 secs
Cycles Number (1-20)	Pause Time (OFF/0.5 – 5 secs)	Treatment Time OFF/5-30 mins
Treatment End Inhale/Exhale	PEEP (OFF/1-20)	Frequency
Number of Sets		
Frequency	Cycles Number (1-20)	
	Treatment End Inhale/Exhale	
	Number of Sets	
	Frequency	

Patient Interface/Mask Size	Infant <input type="checkbox"/>	Paediatric <input type="checkbox"/>	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>	XLarge <input type="checkbox"/>
Direct Trach/Mouthpiece						

Suction Machine	
Devilbiss Vacu-Aide QSU Suction Device: Yes <input type="checkbox"/> No <input type="checkbox"/>	Suction Catheter: Size _____ Quantity _____
Suction Yankauer: Adult <input type="checkbox"/> Paediatric <input type="checkbox"/>	Level of Suction Required: _____ mmHg
Prescriber Comments:	

Prescribers Details	
Prescribers Name:	Prescriber Signature:
Hospital:	
Bleep Number:	Date: