

Mechanical Ventilator Equipment Order

Phone: _____ Fax: _____

Referral Line: 800-834-4234 Referral Fax Line: 847-931-7138

PATIENT INFORMATION					
Patient:				DOB:	
<input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	PLEASE ATTACH COMPLETE DEMOGRAPHIC / INSURANCE INFORMATION		
DIAGNOSIS					
<input type="checkbox"/> Chronic Respiratory Failure (J96.10) consequent to COPD (J44.9)		<input type="checkbox"/> Restrictive Thoracic Disorder: _____			
<input type="checkbox"/> Neuromuscular Disorder: _____		<input type="checkbox"/> Other: _____			
ORDER					
<input checked="" type="checkbox"/> Trilogy E0466 Non-Invasive Mechanical Ventilator					
<input type="checkbox"/> AVAPS-AE	<input type="checkbox"/> PC	<input type="checkbox"/> PC-SIMV	<input type="checkbox"/> AC	<input type="checkbox"/> CV	<input type="checkbox"/> SIMV
V _T :	AVAPS: <input type="checkbox"/> ON / <input type="checkbox"/> OFF		V _T :	V _T :	V _T :
EPAP MIN:	V _T :	V _T :	PEEP:	PEEP:	PEEP:
EPAP MAX:	IPAP:	INSP. PRESSURE:	RATE:	RATE:	PS:
MIN PS:	IPAP MAX:	PS:	iTIME:	iTIME:	iTIME:
MAX PS:	IPAP MIN:	PEEP:			
MAX PRESSURE:	EPAP:	RATE:			
RATE:	RATE:	iTIME:			
AVAPS RATE:	iTIME:				
ALARMS <input checked="" type="checkbox"/> RT to set appropriate alarms unless specified:					
<input checked="" type="checkbox"/> RT to titrate any parameters not specified including set Rise Time, Inspiratory Time, Trigger, Flow Pattern and other comfort settings.					
<input type="checkbox"/> RT to titrate ALL parameters to RANGES SPECIFIED ABOVE					
<input type="checkbox"/> Oxygen bled into vent at _____ LPM					
<input type="checkbox"/> Titrate oxygen to keep O2 saturation ≥ _____ SpO2					
Hours of use: <input type="checkbox"/> 8-24 hrs/day <input type="checkbox"/> Continuous <input type="checkbox"/> Other: _____					
Length of need: <input type="checkbox"/> 99 <input type="checkbox"/> Other: _____					
Interface: <input type="checkbox"/> Mask: _____ Other: _____					
Supplies: <input checked="" type="checkbox"/> Circuit <input checked="" type="checkbox"/> Bacterial Filters <input checked="" type="checkbox"/> Dust filters					
<input checked="" type="checkbox"/> Quarterly Download & Clinical Assessment including oximetry, breath sounds, oxygen titration, and alarm adjustment to be performed					
<input checked="" type="checkbox"/> Patient/Caregiver to understand disease condition, outcomes, & need for mechanical ventilator operation, troubleshooting, supplies and infection control.					
<input checked="" type="checkbox"/> Patient/Caregiver to understand & be able to handle unexpected situations and the importance of reducing future admissions for exacerbation of disease process.					
Comments:					
PHYSICIAN INFORMATION					
Ordered by:				Date:	
Practitioner's Name:		NPI:	Phone:	Fax:	
Practitioner's Signature:		Date:	Special Instructions:		