

PATIENT INFORMATION - Please attach complete demographic/relevant notes/insurance information

Patient: _____ Sex: Male Female
 DOB: _____ Patient Height: _____ Patient Weight: _____

DIAGNOSIS

- (Z99.11) Ventilator Dependence
- (J96.10) Chronic Respiratory Failure
- Neuromuscular Disorder: _____
- (J96.10) Chronic Respiratory Failure (J44.9) consequent to COPD
- (P27.9) Unspecified Chronic Respiratory Disease
- (P27.1) Severe Brochopulmonary Dysplasia
- Restrictive Thoracic Disorder: _____
- Other: _____

ORDER | E0465 TRILOGY EVO INVASIVE VENTILATOR

Pressure Control Modes				Volume Modes	
Mode: PSV	ST (Spont/Time)	A/C-P/C	SIMV-PC	A/C-VC	SIMV-VC
AVAPS <input type="checkbox"/> ON <input type="checkbox"/> OFF	AVAPS <input type="checkbox"/> ON <input type="checkbox"/> OFF	AVAPS <input type="checkbox"/> ON <input type="checkbox"/> OFF	PressControl: _____	Vt: _____	Vt: _____
PS: _____	IPAP: _____	PC: _____	PressSupport: _____	PEEP: _____	PS: _____
PEEP: _____	EPAP: _____	PEEP: _____	PEEP: _____	RR: _____	PEEP: _____
AVAPS ON:	Insp Time: _____	Insp Time: _____	RR: _____	Ti: _____	RR: _____
VT: _____	RR: _____	RR: _____	Ti: _____		Ti: _____
PS max: _____	AVAPS ON:	AVAPS ON:			
PS min: _____	Vt: _____	Vt: _____			
Back Up Ventilation:	IPAPmax: _____	PC max: _____			
ON _____ OFF _____	IPAPmin: _____	PC min: _____			

ALARMS: RT to set appropriate alarms unless specified **IF USING AVAPS - SPEED SET TO 5**

- RT to titrate parameters such as Rise Time, Trigger, Flow Pattern, and other comfort settings
- RT to titrate ALL parameters to any RANGES SPECIFIED ABOVE
- Oxygen bled into ventilator at _____ LPM
- Titrate oxygen to keep patient's oxygen saturation above _____ % SpO2
- Hours of use per day ventilator is to be used: _____ Continuous / _____ Other
- Length of Need: _____ 99 Months / _____ Other
- Supplies: HME Heated Humidity Circuit Bacteria Filter Inlet Filter
- Type/Size of Trach Tube: _____
- CLINICAL ASSESSMENT:** Monthly Download, Oximetry, Breath Sounds, and Oxygen Titration
- Patient/Caregiver to understand disease condition, outcomes, & need for mechanical ventilator operation, troubleshooting, supplies, and infection control.
- 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