

BiPAP 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:

Prescription details

Nasal mask Nasal mask required? Yes <input type="checkbox"/> No <input type="checkbox"/> Nasal pillows required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Full face mask Full face mask required? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Mask size

Mask size (if known): Mask type (if known*):

* If no mask is selected our PCS will chose an appropriate mask to suit the patients requirements.

Settings IPAP: <input type="text"/> cm H ₂ O EPAP: <input type="text"/> Back up breath rate: <input type="text"/> BPM (range 0-30) Timed Inspiration (TI): <input type="text"/> Secs (0.5-3.0 secs) Rise Time (optional): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Heated humidification: Yes <input type="checkbox"/> No <input type="checkbox"/> Oxygen via BiPAP: <input type="text"/> lpm	Mode of ventilation CPAP: <input type="checkbox"/> Spontaneous: <input type="checkbox"/> Spontaneous/Timed: <input type="checkbox"/> Pressure controlled: <input type="checkbox"/> Trigger AutoTRAK: <input type="checkbox"/> AutoTRAK sensitive: <input type="checkbox"/> Flow trigger: <input type="checkbox"/> Flow trigger sensitivity: <input type="text"/> lpm Flow cycle sensitivity: <input type="text"/> % (10-90%)
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Average Volume Assured Pressure Support (AVAPS) for patients with tidal volume requirements only Optional Settings

AVAPS required?: Yes No Min IPAP pressure: (Max 20cm H₂O)

Tidal Volume: (range 200ml-1500ml) Max IPAP pressure: (Max 20cm H₂O)

Patient alarms

Patient disconnect: 15 sec <input type="checkbox"/> 60 <input type="checkbox"/> OFF <input type="checkbox"/>	Apnoea alarm: 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> OFF <input type="checkbox"/>
Low tidal volume (AVAPS only): <input type="text"/> ml	Minute ventilation: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> lpm

Prescribers details

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