National Program for Home Ventilatory Assistance
Programme national d'assistance ventilatoire à domicile

NPHVA PNAVD

Committed to your health and quality of life... Dédié à votre santé et qualité de vie...

FMU-3118

Name of Establishment: _____ **Physician's Name:** _____

Ventilatory Prescription

Bi-Level Prescription

Bi-Level		AVAPS		AVAPS-AE		iVAPS	
# hr / day		# hr / day		# hr / day		# hr / day	
Mode (S, S/T, PC)		Mode (S, S/T, PC)		Pmax		Pmax	
IPAP		IPAP min		PS min		PS min	
EPAP		IPAP max		PS max		PS max	
BR		Target Vt		EPAP min		EPAP	
Ti (PC mode only)		EPAP		EPAP max		BR	
		BR		BR		Va	
		Ti (PC mode only)		Target VT:			

Respirator Prescription

	1	2		1	2
# hr / day					
Mode			PEEP		
AVAPS			IPAP min		
Vt / Target Vt			IPAP max		
BR			EPAP min		
Pressure / Pmax			EPAP max		
PS min			TI (PC mode only)		
PS max					

Oxygen Prescription

hr / day _____

With Ventilatory Support (L/min) _____

Without Ventilatoy Support (L/min) _____

Specifications _____

_____

_____

Phrenic Nerve Stimulator

BR _____

Right Amplitude _____

Left Amplitude _____

Bilateral ☐ Unilateral ☐

Mouth Piece Ventilation / MPV

	1	2
# hr / day :		
Mode (VAC or PC)		
Vt		
PC		
BR		

Cough Assistance

Preset	1	2	3
P inspi			
P expi			
Ti/Te			
Oscillation: Amp			
Oscillation: Hz (R)			

Preset	1	2	3
Optional Cough-track:			
Pause			

**Please contact the NPHVA with any questions regarding the Cough Assistance Rx.*

Manual Technics

Lung Volume Recruitment with manual resucitator and one-way valve (RVP) ☐

Compressions

Abdominal Thrusts ☐

Costo-Lateral Thrusts ☐

Nasopharyngeal Aspiration ☐

Tracheostomy

Company _____

Model _____

Size _____

Fenestrated YES ☐ NO ☐

Cuff YES ☐ NO ☐

Emergency Tracheostomy (smaller size), if pediatric or as needed: ☐

Specifications: _____

_____

_____

Specific Requests / Additional Information

Date: _____ (DJ MM YYAA) **Signature:** _____ **Permit #:** _____

Name in Print _____

Please send us a copy by fax at **(514) 843-2077**