



\* F M U - 3 1 1 8 \*

Name of Establishment: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

**Ventilatory Prescription**

Bi-Level Prescription				Respirator Prescription			
Bi-Level	AVAPS	AVAPS-AE	iVAPS	1	2	1	2
# hr / day _____	# hr / day _____	# hr / day _____	# hr / day _____	# hr / day _____	_____	_____	_____
Mode (S, S/T, PC) _____	Mode (S, S/T, PC) _____	Pmax _____	Pmax _____	Mode _____	_____	PEEP _____	_____
IPAP _____	IPAP min _____	PS min _____	PS min _____	AVAPS _____	_____	IPAP min _____	_____
EPAP _____	IPAP max _____	PS max _____	PS max _____	Vt / Target Vt _____	_____	IPAP max _____	_____
BR _____	Target Vt _____	EPAP min _____	EPAP _____	BR _____	_____	EPAP min _____	_____
TI (PC mode only) _____	EPAP _____	EPAP max _____	BR _____	Pressure / Pmax _____	_____	EPAP max _____	_____
_____	BR _____	BR _____	Va _____	PS min _____	_____	TI (PC mode only) _____	_____
_____	TI (PC mode only) _____	Target VT: _____	_____	PS max _____	_____	_____	_____

Oxygen Prescription	Phrenic Nerve Stimulator	Mouth Piece Ventilation / MPV	
# hr / day _____	BR _____	1	2
With Ventilatory Support (L/min) _____	Right Amplitude _____	# hr / day : _____	_____
Without Ventilatory Support (L/min) _____	Left Amplitude _____	Mode (VAC or PC) _____	_____
Specifications _____	Bilateral <input type="checkbox"/> Unilateral <input type="checkbox"/>	Vt _____	_____
_____	_____	PC _____	_____
_____	_____	BR _____	_____

Cough Assistance	Manual Technics	Tracheostomy																								
<table border="1"> <tr> <th>Preset</th> <th>1</th> <th>2</th> <th>3</th> </tr> <tr> <td>P inspi</td> <td></td> <td></td> <td></td> </tr> <tr> <td>P expi</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ti/Te</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Oscillation: Amp</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Oscillation: Hz (R)</td> <td></td> <td></td> <td></td> </tr> </table>	Preset	1	2	3	P inspi				P expi				Ti/Te				Oscillation: Amp				Oscillation: Hz (R)				<p><b>Lung Volume Recruitment with manual resuscitator and one-way valve (RVP)</b> <input type="checkbox"/></p> <p><b>Compressions</b></p> <p>Abdominal Thrusts <input type="checkbox"/></p> <p>Costo-Lateral Thrusts <input type="checkbox"/></p> <p><b>Nasopharyngeal Aspiration</b> <input type="checkbox"/></p>	<p>Company _____</p> <p>Model _____</p> <p>Size _____</p> <p>Fenestrated YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Cuff YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Emergency Tracheostomy (smaller size), if pediatric or as needed: <input type="checkbox"/></p> <p>Specifications: _____</p> <p>_____</p> <p>_____</p>
Preset	1	2	3																							
P inspi																										
P expi																										
Ti/Te																										
Oscillation: Amp																										
Oscillation: Hz (R)																										

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

**Specific Requests / Additional Information**

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\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Permit #: \_\_\_\_\_

DJ MM YYAA

Name in Print \_\_\_\_\_