

Prescription for AVAPS-AE

Patient name _____ Date of birth _____ Diagnosis _____ Date _____

AVAPS-AE settings

Vt _____ ml rate _____ Mouthpiece Ventilation (MPV)

PS min _____ PS max _____ EPAP min _____ EPAP max _____

AVAPS rate _____ max pressure _____

Supplemental oxygen FIO₂ /lpm _____ titrate O₂ to maintain SaO₂ > _____ duration _____

Humidification heated humidifier HME

Download ventilation reports with DirectView software yes no download frequency _____

Patient interface mask /size _____ MPV other _____

Hours of use continuous during sleep other _____

Duration of use lifetime other _____

Additional orders/dual prescription

Physician information

I last examined patient for this condition on: _____

Spontaneous breathing time without a ventilation _____ / _____ (hours/minutes)

Name (please print)

Signature

Telephone

Date