BiPAP ORDER FORM

AVAPS AE MODE ONLY

AIR LIQUIDE Healthcare™

	Private patient? Yes ☐ No ☐
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 ☐ No ☐

Nasal pillows required? Yes ☐ No ☐

Full face mask

Full face mask required? Yes ☐ No ☐

Mask size

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

* If no mask type is selected, our engineer will chose an appropriate mask to suit the patient's requirements.

Settings

Max pressure settings: _____ cm H_2O (6-40)

Min pressure support: _____ cm H_2O (Min 2cm H_2O)

Max pressure support: _____ cm H_2O (Max 36cm H_2O)

EPAP min pressure: _____ cm H_2O (4-25)

EPAP Max pressure: _____ cm H_2O (0-21)

Tidal volume: _____ ml (200-1500)

Breath rate: _____ Auto/0-40 BPM

AVAPS rate: _____ H_2O/min (0-5-5cm H_2O)

Rise Time (optional): _____ (1-6)

Trigger type

Auto TRAK ☐ Auto TRAK sensitive ☐

Flow trigger ☐

Flow trigger sensitivity: _____ lpm (1-9)

Flow cycle sensitivity: _____ % (10-90)

Patient alarms

Patient disconnect: 15 sec ☐ 60 ☐ OFF ☐

Low tidal volume (AVAPS only): On ☐ Off ☐

High respiratory rate: ☐ _____ bpm

Apnoea alarm: 10 ☐ 20 ☐ 30 ☐ 40 ☐ OFF ☐

Minute ventilation: Yes ☐ No ☐ _____ lpm

Prescribers details

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

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