

Current at printing: 5/08/15

Place patient label here



Sleep Unit Request Form -

<u>BiLevel</u>

Summary of Prior History/Diagnostic studies:		
Current Settings:		
BiLevel: Machine Type: Mode: \Box S \Box S/T \Box T \Box P/C		
IPAP: cmH ₂ O EPAP: cmH ₂ O B/Up Rate: bpm IPAP Min: s , IPAP Max: s <u>OR</u> IPAP Time: s		
<u>Suppl O_2:</u> □ Nil O_2 added to circuit □ L/min via BiLevel circuit		
Main Aim of this study:		
Study Commencement Settings:		
☐ Begin without Non Invasive Ventilation (NIV). Reinstitute if:		
☐ Begin study as per above Current Settings		
\Box Begin study as per following settings: <i>Machine Type</i> : <i>Mode</i> : \Box S \Box S/T \Box T \Box P/C		
<i>IPAP</i> : cmH ₂ O <i>EPAP</i> : cmH ₂ O <i>B/Up Rate</i> : bpm <i>IPAP Min</i> : s , <i>IPAP Max</i> : s <u>OR_ IPAP Time</u> : s		
<u>Suppl O_2:</u> \square Nil O_2 added to circuit \square L/min via BiLevel circuit		
Study Titration (requesting physician to complete):		
1. If CO2 increased to > 50 mmHg		
Action 1:		
Action 2:		
2. If SpO2 drops to < 93% with events:		
Action 1:		
Action 2:		
3. If SpO2 baseline remains at $< 93\%$ for > 5 mins:		
Action 1:		
Action 2:		
4. If poor synchrony with the machine (ie. patient trying to add in extra breaths or breathing not in phase with machine):		
Action 1:		
Action 2:		
<i>Max pressure limit:</i> \square N/A \underline{OR} IPAP:cmH ₂ O and EPAP:cmH ₂ O		
Min 1 pressure (difference between IPAP & EPAP levels):cmH ₂ O		
* Always wait approx $5-10$ minutes between changes to settings to see effects first		
* If anything else occurs during the night that is not listed above: Contactfor further instruction		
* <u>If required, further instructions for staff can be attached to this form.</u>		