**Sleep Unit Request Form – BiLevel**

**Summary of Prior History/Diagnostic studies:**

____________________________________________________________________________________

**Current Settings:**

<table>
<thead>
<tr>
<th>BiLevel:</th>
<th>Machine Type:</th>
<th>Mode:</th>
<th>S</th>
<th>S/T</th>
<th>T</th>
<th>P/C</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPAP:</td>
<td>___ cmH₂O</td>
<td>EPAP:</td>
<td>___ cmH₂O</td>
<td>B/Up Rate:</td>
<td>___ bpm</td>
<td>IPAP Min:</td>
</tr>
<tr>
<td>Supp O₂:</td>
<td>☐ Nil O₂ added to circuit</td>
<td>☐ ____ L/min via BiLevel circuit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main Aim of this study:**

____________________________________________________________________________________

**Study Commencement Settings:**

☐ Begin without Non Invasive Ventilation (NIV). **Reinstitute if:** _________________________________

☐ Begin study as per above Current Settings

☐ Begin study as per following settings: | Machine Type: | Mode: | S | S/T | T | P/C |
<table>
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**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: ____________________________________________

**Max pressure limit:** ☐ N/A  **OR**  IPAP: _____ cmH₂O and EPAP: _____ cmH₂O

**Min Δ pressure (difference between IPAP & EPAP levels):** _____ cmH₂O

* 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: Contact _______________ for further instruction

* If required, further instructions for staff can be attached to this form.