

Physician's Prescription for Mechanical Ventilation with the Breas Vivo 50

Patient Name: _____		DOB: ____/____/____	
Ventilation Mode: [] Volume [] Pressure [] CPAP	Volume Mode: [] Decelerating Flow pattern [] Square wave Flow pattern	Breath Mode: [] Support [] Assist Control [] SIMV	<input type="checkbox"/> PSV (TgV) – Pressure Support Ventilation with Target Volume. <input type="checkbox"/> PCV (TgV) – Pressure Controlled Ventilation with Target Volume. <input type="checkbox"/> PCV (A+TgV) – Assisted Pressure Controlled Ventilation with Target Volume
Breath Rate: _____ BPM	Tidal Volume or TgV: _____ ml	FIO₂: _____% or _____(lpm)	
Pressure Control: _____ PIP cmH ₂ O		Inspiratory Time: _____ sec	Sigh []: Sigh rate: every _____ breaths Sigh percent of volume or pressure: _____%
Pressure Support: _____ PIP cmH ₂ O		FLOW TERMINATION (90% – 10%) <input type="checkbox"/> % Flow termination or <input type="checkbox"/> Adjust to patient comfort Setting of 90%, Vivo 50 cycles to expiratory when Support flow drops to 10% of peak flow; Setting flow term to 10%, and the Vivo 50 cycles to expiratory when support flow drops to only 90% of peak flow. A Setting of 10%, is easiest to cycle Vivo to expiratory.	
Profile 1 Settings:		<input type="checkbox"/> IPAP (PIP, peak inspiratory pressure) <input type="checkbox"/> EPAP (PEEP, positive end expiratory pressure) <input type="checkbox"/> Target Volume	
Profile 2 Settings:		<input type="checkbox"/> IPAP <input type="checkbox"/> EPAP <input type="checkbox"/> Target Volume	
Profile 3 Settings:		<input type="checkbox"/> IPAP <input type="checkbox"/> EPAP <input type="checkbox"/> Target Volume	
Monitoring: [] SpO ₂ [] EtCO ₂ Monitoring Frequency: [] Continuous or [] Interval: _____			

the physician may prescribe or elect for the RT to determine the following settings (if applicable)

[] RT to determine the following settings or [] Physician orders as indicated below:

Rise time: 1-9: _____	Inspiratory trigger: 1-9: _____	Expiratory trigger: 1-9: _____	Target Volume, max pressure: _____ Target Volume, min pressure: _____
Low Minute Volume: _____		Hi Minute Volume: _____	
Alarm Volume: [] 85 decibels [] other _____		Apnea Interval: [] 20 seconds [], other _____	
[] High SpO ₂ [] Low SpO ₂	Hi Rate: _____ Low Rate: _____	[] High EtCO ₂ [] Low EtCO ₂	Disconnect Alarm [] On [] Off Rebreathing Alarm [] On [] Off
Hi PEEP Alarm [] above set PEEP Low PEEP Alarm [] below set PEEP		High Pressure:	[] Home Mode (home) [] Clinical mode (facility)

Physician Signature _____ Date _____