Ventilator performance record

Patient name _____ Date of birth _____ Date _____

Ventilator

Type _____ Serial # _____ Hours _____ PM due _____

Type _____ Serial # _____ Hours _____ PM due _____

Hours of use prescribed per day _____ Interface ❑ Trach ❑ Mask ❑ Mouthpiece

Measured parameters PIP _____ RR _____ Vte/Vti _____ Leak _____ Ve _____

I:E _____ MAP _____ Peak Flow _____

Vent settings	Primary	Secondary
Circuit type		
Mode		
Vt		
Pressure/IPAP		
PEEP/EPAP		
AVAP		
Pressure support		
RR		
IT		
Flow pattern		
Rise time		
Trigger type		
Flow sensitivity		
Cycle sensitivity		
Sigh		
O_2 % or lpm		

Alarm settings	Primary	Secondary
Circuit disc		
Low insp pressure		
High insp pressure		
Apnea		
Low Vte/Vti		
High Vte/Vti		
Low Ve		
High Ve		
Low RR		
High RR		

Resuscitation bag checked ❑ Yes ❑ No ❑ NA

Batteries ❑ Internal ❑ Detachable ❑ External

Humidifier

Type _____ Serial # _____

Comments

_____

_____

_____

_____

_____

Clinician signature

_____

Date

PHILIPS

RESPIRONICS

sense and simplicity

JH 07/20/11