

Trilogy100/200

Prescription for mechanical ventilation

Patient name _____ Date of birth _____ Date _____

Trilogy settings

SIMV AC CV PC-SIMV PC S/T

T S CPAP

Vt _____ ml rate _____ inspiratory time _____ sigh on off

Pressure _____ PS _____ EPAP/PEEP _____ IPAP _____ CPAP _____

AVAPS IPAP min _____ IPAP max _____ Vt target _____

Supplemental oxygen FIO₂ /lpm _____ titrate O₂ to maintain SaO₂ > _____ duration _____

Humidification heated humidifier HME

Download ventilation reports with DirectView software yes no download frequency _____

Patient interface mask trach tube other _____

Hours of use continuous during sleep other _____

Duration of use lifetime other _____

Additional orders/dual prescription

Physician information

Name (please print) _____

Signature _____

Telephone _____

This form is available at

<http://trilogy100.respironics.com/clinical>

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WMB 03/17/10

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