

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

|  |   |  |   |
|--|---|--|---|
| <b>Patient Name:</b> _____   |   | <b>DOB:</b> ____/____/____   |   |
| <b>Ventilation Mode:</b><br>[ ] Volume<br>[ ] Pressure<br>[ ] CPAP   | <b>Volume Mode:</b><br>[ ] Decelerating Flow pattern<br>[ ] Square wave Flow pattern  | <b>Breath Mode:</b><br>[ ] Support<br>[ ] Assist Control<br>[ ] SIMV | <input type="checkbox"/> PSV (TgV) – Pressure Support Ventilation with Target Volume.<br><input type="checkbox"/> PCV (TgV) – Pressure Controlled Ventilation with Target Volume.<br><input type="checkbox"/> PCV (A+TgV) – Assisted Pressure Controlled Ventilation with Target Volume |
| <b>Breath Rate:</b><br>_____ BPM   | <b>Tidal Volume or TgV:</b><br>_____ ml   |  | <b>FIO<sub>2</sub>:</b> _____% or _____(lpm)  |
| <b>Pressure Control:</b><br>_____ cmH <sub>2</sub> O   | <input type="checkbox"/> PEEP <input type="checkbox"/> CPAP<br>_____ cmH <sub>2</sub> O   | <b>Inspiratory Time:</b><br>_____ sec                                | <input type="checkbox"/> Sigh<br>Sigh rate: every 50 100 150 200 250 breaths<br>Sigh percent of volume or pressure: _____%<br>(125%, 150%, 175%, 200%)  |
| <b>Pressure Support:</b><br>_____ PIP cmH <sub>2</sub> O   | <b>FLOW TERMINATION (90% – 10%)</b><br>[ ] % Flow termination <b>or</b> [ ] Adjust to patient comfort<br>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. |  |   |
| <b>Profile 2 Settings:</b>   |   |  |   |
| <b>Profile 3 Settings:</b>   |   |  |   |
| <b>Monitoring:</b> [ ] SpO <sub>2</sub> [ ] EtCO <sub>2</sub> Monitoring Frequency: [ ] Continuous <b>or</b> [ ] 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:<br>1-9:_____   | Inspiratory trigger:<br>1-9:_____             | Expiratory trigger:<br>1-9:_____                                 | Target Volume, max pressure: _____<br>Target Volume, min pressure: _____ |
| Low Minute Volume Alarm: _____  |   | High Minute Volume Alarm: _____                                  |  |
| <b>Alarm Volume:</b><br>[ ] 85 decibels [ ] other _____ decibels          |   | <b>Apnea Interval:</b><br>[ ] 20 seconds [ ] other _____ seconds |  |
| High SpO <sub>2</sub> _____%<br>Low SpO <sub>2</sub> _____%               | Hi Pulse Rate: _____<br>Low Pulse Rate: _____ | High EtCO <sub>2</sub> _____<br>Low EtCO <sub>2</sub> _____      | Disconnect Alarm [ ] On [ ] Off<br>Rebreathing Alarm [ ] On [ ] Off      |
| Hi PEEP Alarm _____ above set PEEP<br>Low PEEP Alarm _____ below set PEEP | High Press: _____<br>Low Press: _____         | High Breath Rate: _____<br>Low Breath Rate: _____                |  |

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_