BiPAP® / CPAP ORDER

CHILD SUMMARY

Diagnosis ____________________________________________ Height ________________ Weight ________________

Respiratory infectious process □ MRSA □ Other ____________________________________________________________

EQUIPMENT / SUPPLY NEEDS

□ Full face mask □ Nasal mask □ Nasal pillows □ Oxygen concentrator – quantity ________

□ SVN machine and in-line valved T-adapter □ Humidification: □ Cool □ Heated □ Back-up battery

□ Other ____________________________

PHYSICIAN / PRACTITIONER ORDERS (Do not leave blanks. Use “N/A” when not applicable.)

BiPap® (Bi-level) or CPAP Non-invasive positive pressure ventilation NPPV

□ Intermittent □ Continuous (use of > 12 hours/day)

BiPap® settings

IPAP (inspiratory pressure) ____________________________ EPAP (expiratory pressure) ____________________________

Mode (S-spontaneous or S/T spontaneous/times) ________________ Back-up rate (only needed if in S/T mode) ________________

O₂ bleed-in ____________________________ LPM ____________________________

CPAP settings

cm H₂O ___________ O₂ bleed-in ________________ LPM ____________________________ Hours child to be on CPAP ________________

CPT settings ____________________________ Cycles ____________________________ Frequency ____________________________

Cough assist settings ____________________________ Cycles ____________________________ Frequency ____________________________

FAX to Ryan House at 602.266.0911

T/O or V/O from Physician / Practitioner (print) __________________________________________________________

To Nurse (print) __________________________________________________________

Date ________________ Time _________________________

Physician / Practitioner fax __________________________________________________________

Physician / Practitioner signature __________________________________________ Date ______________

Physician / Practitioner: Please sign and fax within 72 hours to Ryan House at 602.266.0911

Your signature indicates approval of the orders

Nurse Signature ___________________________________________ Employee ID ________________

Child Name ___________________________________________ Child ID ________________ Date ________________