

Physician's Prescription for Mechanical Ventilation with the LTV

Patient Name:			
Patient DOB:			
Front Panel Settings Physician Must Order			
Breath type	<input type="checkbox"/> Volume <u>or</u> <input type="checkbox"/> Pressure	Mode	<input type="checkbox"/> Assist/Control <input type="checkbox"/> SIMV / CPAP
Breath Rate		Tidal Vol	
Pres. Control*		Insp. Time	
Pres. Support*	<input type="checkbox"/> _____ <u>or</u> <input type="checkbox"/> to get Vte of ~ _____ ml/kg	O ₂ %	
PEEP		Other	

**All settings are from baseline 0, regardless of PEEP setting. So, if you want a pressure change of 10 cm, and you have PEEP of 5 cm, set the PC and/or PS to 15 cm.*

The remaining settings may be ordered by the physician, or the physician may elect for the RT to determine the appropriate settings.			
Flow Trigger Sensitivity Setting – Front Panel			
<input type="checkbox"/> RT to determine sensitivity			
<input type="checkbox"/> Physician orders _____ to _____			
Alarm Settings – Front Panel			
<input type="checkbox"/> RT to set the alarm-related front panel settings <u>or</u>			
<input type="checkbox"/> Physician orders alarm settings as indicated below:			
High Pressure Limit	<input type="checkbox"/> PIP + 10 cm <input type="checkbox"/>	Low Pressure	<input type="checkbox"/> PIP – 5 cm (not < 5 cm) <input type="checkbox"/>
Low Min Vol	<input type="checkbox"/> approximately 20% less than patient's sleeping VE <input type="checkbox"/>		
Alarm Operations – Extended Menu			
<input type="checkbox"/> RT to set the alarm-related extended menu items <u>or</u>			
<input type="checkbox"/> Physician orders alarm-related extended menu items as indicated below:			
Alarm Volume	<input type="checkbox"/> 85 decibels <input type="checkbox"/>	Apnea Interval	<input type="checkbox"/> 10 seconds <input type="checkbox"/>
Hi Pres. Delay	<input type="checkbox"/> No delay <input type="checkbox"/> 1 breath <input type="checkbox"/> 2 breaths	LPP Alarm	<input type="checkbox"/> All breaths <input type="checkbox"/> PC/VC breaths only
Hi PEEP	<input type="checkbox"/> Off <input type="checkbox"/> 10 over PEEP setting <input type="checkbox"/>	Hi Rate & Time before alarm	<input type="checkbox"/> 10 to 20 > awake breath rate <input type="checkbox"/> <input type="checkbox"/> Time:
Vent Operations – Extended Menu			
<input type="checkbox"/> RT to set the vent operations extended menu items <u>or</u>			
<input type="checkbox"/> Physician orders vent operations extended menu items as indicated below:			
Rise Time	<input type="checkbox"/>	Flow Term	<input type="checkbox"/>
Time Term	<input type="checkbox"/>	PC Flow Term	<input type="checkbox"/> On <input type="checkbox"/> Off
NPPV Mode	<input type="checkbox"/> On <input type="checkbox"/> Off	Control Unlock	<input type="checkbox"/> Easy <input type="checkbox"/> Hard
O ₂ Flush	<input type="checkbox"/> _____ minutes		

Physician Signature _____ Date _____