



Place patient label here



Sleep Unit Request Form –

BiLevel

Summary of Prior History/Diagnostic studies: _____

Current Settings:

BiLevel: Machine Type: _____ Mode: S S/T T P/C

IPAP: ___ cmH₂O **EPAP:** ___ cmH₂O **B/Up Rate:** ___ bpm **IPAP Min:** ___ s, **IPAP Max:** ___ s **OR IPAP Time:** ___ s

Suppl O₂: Nil O₂ added to circuit ___ L/min via BiLevel circuit

Main Aim of this study: _____

Study Commencement Settings:

Begin without Non Invasive Ventilation (NIV). **Reinstitute if:** _____

Begin study as per above Current Settings

Begin study as per following settings: Machine Type: _____ Mode: S S/T T P/C

IPAP: ___ cmH₂O **EPAP:** ___ cmH₂O **B/Up Rate:** ___ bpm **IPAP Min:** ___ s, **IPAP Max:** ___ s **OR IPAP Time:** ___ s

Suppl O₂: Nil O₂ added to circuit ___ L/min via BiLevel circuit

Study Titration (requesting physician to complete OR if preferred sleep unit physician on call will complete):

1. If CO₂ increased to > 50 mmHg

Action 1: _____

Action 2: _____

2. If SpO₂ drops to < 93% with events:

Action 1: _____

Action 2: _____

3. If SpO₂ baseline remains at < 93% for > 5 mins:

Action 1: _____

Action 2: _____

4. If poor synchrony with the machine (ie. patient trying to add in extra breaths or breathing not in phase with machine):

Action 1: _____

Action 2: _____

Max pressure limit: N/A **OR** IPAP: _____ cmH₂O and EPAP: _____ cmH₂O

Min Δ pressure (difference between IPAP & EPAP levels): _____ cmH₂O

** Always wait approx 5 – 10 minutes between changes to settings to see effects first*

** If anything else occurs during the night that is not listed above: Contact _____ for further instruction.*