

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 (Ti) Min: ___ s  IPAP (Ti) Max: ___ s
OR IPAP Time: ___ s
Rise Time: ___ ms OR setting  Trigger: _____________________________ Cycle:____________

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):

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

* If required, further instructions for staff can be attached to this form.