

Respironics A40 PARAMETER FORM

Date: _____

Client Name: _____

Settings

Parameter	Client's Settings
MODE	
Trigger Type	
IPAP	
EPAP	
Breath Rate	
Insp. Time	
Rise Time Lock	
Rise Time	
Ramp length	
Heated Tube	
Sys. One Hum.	

Options

Parameter	Client's Settings
Humidifier	
Tubing Type Lock	
Tubing Type	
System One Lock	
System One Resistance	
Circuit Disconnect	
Apnea	
LMV	
High RR	

Parameter	Client's Settings
Menu Access	
Detailed View	
Language	English
Pressure Units	cmH20
Breath indicator	
Keypad Lock	
Keypad Backlight	
LCD Brightness	
Screen Saver	
Date Format	mm/dd/yy
Time Format	hh:mm
Blower Hours	
Therapy Hours	

Mask Type: _____

Serial Number: _____

VEP Clinical Educator: _____