

Date: _____

Client Name: _____

Settings

Parameter	Client's Settings
MODE	AVAPS-AE
Trigger Type	
AVAPS	
Tidal Volume	
Max Pressure	
PS Max	
PS Min	
EPAP Max P	
EPAP Min P	
Breath Rate	
Inspiratory Time	
Rise Time Lock	
Rise Time	
Ramp Length	
Heat Tube Humidification	
System One Humidifier	

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

Options

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: _____