

**Trilogy 200™: Mode AC (Active Flow Circuit)**

Date (M/D/Y): \_\_\_\_\_

Client Name: \_\_\_\_\_

Client D.O.B (M/D/Y): \_\_\_\_\_

Client Address: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Clinician Name:(print): \_\_\_\_\_ Clinician Signature: \_\_\_\_\_

Dual Prescription: On/Off  Primary Setting  Secondary Setting

Circuit Type: **Active Flow**

Tidal Volume (ml) \_\_\_\_\_

Breath Rate (BPM) \_\_\_\_\_

Inspiratory Time (s) \_\_\_\_\_

Flow Pattern \_\_\_\_\_

PEEP (cm H2O) \_\_\_\_\_

Leak Compensation \_\_\_\_\_

Flow Trigger Sensitivity (l/min) \_\_\_\_\_

Sigh \_\_\_\_\_

Circuit Disconnect Alarm (s) \_\_\_\_\_

Low Insp. Pressure Alarm (cmH2O) \_\_\_\_\_

High Insp. Pressure Alarm (cmH2O) \_\_\_\_\_

Apnea Alarm (s) \_\_\_\_\_

Apnea Rate (BPM) \_\_\_\_\_

Low Vte Alarm (ml) \_\_\_\_\_

High Vte Alarm (ml) \_\_\_\_\_

Low Minute Ventilation Alarm (l/min) \_\_\_\_\_

High Minute Ventilation Alarm (l/min) \_\_\_\_\_

Low Respiratory Rate Alarm (BPM) \_\_\_\_\_

High Respiratory Rate Alarm (BPM) \_\_\_\_\_

Oxygen: y/n; if yes flow rate (L/min) \_\_\_\_\_