



**Trilogy 200™: Mode AC (MPV ON) (Passive 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: **Passive**

MPV **ON**

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

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

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

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

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

Circuit Disconnect (MPV) Alarm (min) \_\_\_\_\_

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

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

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

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