



Trilogy 200™: Mode AC (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**

Tidal Volume (ml) _____

Breath Rate (BPM) _____

Inspiratory Time (s) _____

Flow Pattern _____

PEEP (cm H20) _____

Trigger type: Auto-Trak _____

 Auto-Trak sensitive _____

 Flow Trigger Sensitivity (l/min) _____

Sigh _____

Nebulizer Enabled _____

Circuit Disconnect Alarm (s) _____

Low Insp. Pressure Alarm (cmH20) _____

High Insp. Pressure Alarm (cmH20) _____

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) _____