



Trilogy 200™: CPAP Mode (Active PAP Circ)

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 PAP**

CPAP (cm H2O) _____

Flow Trigger Sensitivity (l/min) _____

Flow Cycle sensitivity (%) _____

Circuit Disconnect Alarm (s) _____

Apnea Alarm (s) _____

Low Vti Alarm (ml) _____

High Vti 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) _____