



Trilogy200™ Ventilator Parameter

Trilogy 200™: CPAP Mode (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**

CPAP (cm H2O) _____

Nebulizer Enabled _____

Circuit Disconnect Alarm (s) _____

Apnea Alarm (s) _____

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) _____