

Trilogy 200™: Mode S/T (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: _____

Circuit Type: **Active FLOW**

Not commonly used

Dual Prescription: On/Off Primary Setting Secondary Setting

Circuit Type: **Active Flow**

IPAP (cmH2O) _____

EPAP (cmH2O) _____

Breath Rate (BPM) _____

Insp. Time (s) _____

Leak Compensation: On/Off _____

Flow Trigger Sensitivity (l/min) _____

Flow Cycle Sensitivity (%) _____

Rise Time _____

Ramp Length (off/min) _____

Ramp Start Pressure (cmH2O) _____

Circuit Disconnect Alarm (s) _____

Apnea Alarm (s) _____

Apnea Rate (BPM) _____

Low Vte Alarm (ml) _____

Low MV Alarm (l/min) _____

High MV Alarm (l/min) _____

Low RR Alarm (BPM) _____

High RR Alarm (BPM) _____