Ontario Ventilator Equipment Pool

640 Cataraqui Woods Drive | Unit 6
| Kingston, Ontario | K7P 2Y5
Tel: 613-548-6156 | Fax: 613-548-6157
Toll-Free in Ontario: 1-800-633-8977

PHILIPS RESPIRONICS
E70 COUGH ASSIST PARAMETERFORM

Patient Name: _____ Date: _____

PARAMETER	Preset 1 Settings
MODE	
Cough Trak	
Pre-Therapy Breaths	
# of Coughs	
Inhale Pressure	
Inhale Flow	
Inhale Time	
Exhale Pressure	
Exhale Time	
Pause Time	
Oscillation	
Frequency	
Amplitude	

PARAMETER	Preset 2 Settings
MODE	
Cough Trak	
Pre-Therapy Breaths	
# of Coughs	
Inhale Pressure	
Inhale Flow	
Inhale Time	
Exhale Pressure	
Exhale Time	
Pause Time	
Oscillation	
Frequency	
Amplitude	

PARAMETER	Preset 3 Settings
MODE	
Cough Trak	
Pre-Therapy Breaths	
# of Coughs	
Inhale Pressure	
Inhale Flow	
Inhale Time	
Exhale Pressure	
Exhale Time	
Pause Time	
Oscillation	
Frequency	
Amplitude	

ASSET #: _____ SERIAL #: _____

Clinician: _____

Notes: _____