

**PROP Secondary Prescription For MI/E Cough Assist Unit**

Please fill out this form ONLY if your patient is already a PROP member.

**INCOMPLETE PRESCRIPTIONS WILL NOT BE FULFILLED**

**Please note:** PROP is a non-profit organization providing health services in the home. We are delivering services with no user cost and distributing limited resources on a provincial level. TFL/PROP will provide a 3-month loan of MI/E devices. If individuals require longer use of an MI/E cough assist unit it is suggested that funding for individual independent purchase be secured.

**Member Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The **absolute contraindications** to MI/E use are untreated or susceptibility to pneumothorax or pneumo-mediastinum and where there is impaired consciousness or difficulty communicating. Does your patient have any of these conditions? No \_\_\_ Yes \_\_\_

The **relative contraindications/precautions** to MI/E use are the presence of hemoptysis, bullous emphysema, severe COPD, severe asthma, recent cardio-thoracic surgery, increased intra cranial pressure nausea and emesis.

Does your patient have any relative contraindications to MI/E use? No \_\_\_ Yes \_\_\_ If yes, please circle all those that apply to your patient.

Please fill out all pre-set settings that are required. Note: Respironics E70 Settings Protocol with explanation of settings can be sourced on the TFL website under the 'Resource' tab.

**Pre-set 1:** \_\_\_\_\_  
**Mode:** Manual \_\_\_\_\_ Auto \_\_\_\_\_  
**Cough-Trak (inspiratory trigger)** On \_\_\_\_\_ Off \_\_\_\_\_  
**Inhale Pressure:** \_\_\_\_\_ cmH2O  
**Inhale Flow:** Low \_\_\_\_\_ Med \_\_\_\_\_ High \_\_\_\_\_  
**Inhale Time:** \_\_\_\_\_ secs \_\_\_\_\_ NA  
**Exhale Pressure:** \_\_\_\_\_ cmH2O  
**Exhale Time:** \_\_\_\_\_ secs \_\_\_\_\_ NA  
**Pause Time:** \_\_\_\_\_ secs \_\_\_\_\_ NA  
**Oscillation:** \_\_\_\_\_ inhale \_\_\_\_\_ exhale \_\_\_\_\_ both \_\_\_\_\_ Off  
**Frequency:** \_\_\_\_\_ Hz \_\_\_\_\_ NA  
**Amplitude:** \_\_\_\_\_ cmH2O \_\_\_\_\_ NA

**Pre-set 2:** \_\_\_\_\_  
**Mode:** *Manual* \_\_\_\_\_ *Auto* \_\_\_\_\_  
**Cough-Trak (inspiratory trigger)** *On* \_\_\_\_\_ *Off* \_\_\_\_\_  
**Inhale Pressure:** \_\_\_\_\_ *cmH20*  
**Inhale Flow:** *Low* \_\_\_\_\_ *Med* \_\_\_\_\_ *High* \_\_\_\_\_  
**Inhale Time:** \_\_\_\_\_ *secs* \_\_\_\_\_ *NA*  
**Exhale Pressure:** \_\_\_\_\_ *cmH20*  
**Exhale Time:** \_\_\_\_\_ *secs* \_\_\_\_\_ *NA*  
**Pause Time:** \_\_\_\_\_ *secs* \_\_\_\_\_ *NA*  
**Oscillation:** \_\_\_\_\_ *inhale* \_\_\_\_\_ *exhale* \_\_\_\_\_ *both* \_\_\_\_\_ *Off*  
**Frequency:** \_\_\_\_\_ *Hz* \_\_\_\_\_ *NA*  
**Amplitude:** \_\_\_\_\_ *cmH20* \_\_\_\_\_ *NA*

Additional Information/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respirologist (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX COMPLETED PRESCRIPTION TO: 604-326-0176**