

**RESPIRATORY HOME VENTILATOR SETTINGS**

Last Updated:

|  |  |
|--|--|
| Normal O2 saturation:  | Date:  |
| Supplemental O2 (L/min):   | (at rest/ambulation)   |
| Date of last ABG (Arterial Blood Gas):   | On ventilation: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Normal pH level:   | Normal PaO2:   |
| Normal PaCO2:  | Normal HCO2:   |
| Do these reflect my typical baseline: Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Independent breathing time:  |  |

**Trach Tube**

|  |   |
|--|---|
| Brand:   | Size:   |
| Cuffed: Yes <input type="checkbox"/> No <input type="checkbox"/> | Inflation (CmH2O):  |
| Change frequency:  | Passy Muir (Speaking) Valve: Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Ventilator**

|                   |                          |              |
|-------------------|--------------------------|--------------|
| Brand / Model:    | Start date using model:  |              |
| Mode:             | Tidal Volume / Pressure: | Breath Rate: |
| Inspiratory Time: | PEEP:                    |              |
| High / Low Alarm: | Disconnect Alarm:        |              |

**Respirologist**

|                            |        |
|----------------------------|--------|
| Respirologist Name:        |        |
| Phone #                    | Email: |
| Respirologist's Signature: | Date : |

For information about my settings and equipment, please contact:

**Provincial Respiratory Outreach Program (PROP)**

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