BREAS



Vivo 45LS
by Breas

Prescription Form

Patient Information

Patient Name: _____

Phone: _____ DOB: _____

Diagnosis: _____ Date: _____

Ventilator: ☐ Vivo 45LS Do not substitute

Estimated length of need ____ months (99=lifetime)

Hours of use: ____ ☐ During Sleep ☐ PRN

HCPCS Code: ☐ E0465 Home ventilator, invasive ☐ E0466 Home ventilator, non-invasive

Profile 1 Mode

Modes:
☐ PSV ☐ PSV(TgV) ☐ PSV(TgV)+AE ☐ PCV(A) ☐ PCV(A+TgV) ☐ PCV-SIMV
☐ VCV(A) ☐ VCV-SIMV ☐ CPAP ☐ PCV-MPV ☐ VCV-MPV ☐ HFNT

Insp Pressure (cmH2O): ____ PEEP (cmH2O): ____ CPAP (cmH2O): ____

Resp Rate (bpm): ____ Insp. Time min: ____ Insp. Time max: ____

Tidal Volume (mL): ____ HFNT (lpm): ____

Target Volume: ☐ Add Target Volume (with applicable mode) Target Volume (mL): ____ Max Pressure (cmH2O): ____ Min Pressure (cmH2O): ____

Auto-EPAP: ☐ Add Auto-EPAP PC Breath yes ☐ no ☐

Auto-EPAP Settings: Max PS (cmH2O) ____ Min PS (cmH2O) ____ Max EPAP (cmH2O) ____ Min EPAP (cmH2O) ____ Pressure Limit (cmH2O) ____

Sigh Breath: ☐ Add Sigh Breath (with applicable mode) Sigh Rate: 0 Sigh Rate: Sigh % of Volume or Pressure: 0

Ramp on/off (10-60 min) ____ Starting Pressure ____

O2 (LPM): ____

☐ Titrate Rise Time, Insp. Trigger and Exp. Trigger for patient comfort ☐ +/- 100 mL volume adjustment (if needed) ☐ Add Home Adjust Settings

Notes: _____

Monitoring

Monitor via Vivo integrated monitoring: ☐ SpO2 ☐ EtCO2 ☐ PtcCO2 Continuous ☐ Q ____ Hrs

☐ Download Data Every ____ Days ☐ Enroll in EveryWare remote monitoring

Apnea Interval: ☐ 15 seconds ☐ Other ____ seconds

Additional Profiles

Profile 2 - Mode: PSV(TgV)+ Press(cmH2O): ____ Vol(mL): ____ RR(bpm): ____ PEEP(cmH2O): ____ O2 Flow(lpm): ____

Notes: _____

Profile 3 - Mode: PCV-MPV Press(cmH2O): ____ Vol(mL): ____ RR(bpm): ____ PEEP(cmH2O): ____ O2 Flow(lpm): ____

Notes: _____

Physician Information

Physician Name: _____ NPI#: _____

Physician Signature: _____ Date: _____

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