

# PRO-AIR

Medical Supply & Equipment

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## Astral Home Mechanical Ventilator

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

DX/ICD-10:  J96.10 Chronic Respiratory Failure  J44.9 COPD

### Equipment/Accessories/Physician's Order:

Equipment & Accessories HCPCS Code/Item Description/Ordered Settings

E0466 Pressure Support Vent (PSV), Non-Invasive Interface

	<input type="checkbox"/> IVAPS	
	AVE Vt 6-8ml/kg mL	
	PS Max _____cmH <sub>2</sub> O	
	PS _____cmH <sub>2</sub> O	
	PEEP _____cmH <sub>2</sub> O	
	TARGET RESP RATE _____BPM	
	<table border="1"><tr><td>FiO<sub>2</sub> _____lpm</td></tr></table>	FiO <sub>2</sub> _____lpm
FiO <sub>2</sub> _____lpm		
	<input type="checkbox"/> Titrate to Comfort	
	<input type="checkbox"/> Full Face Mask	
	<input type="checkbox"/> Nasal Interface	
	<input type="checkbox"/> Mouthpiece Ventilation	
	<b>Hours/Duration of Use:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Nocturnal	
	<input type="checkbox"/> Other <input type="checkbox"/> PRN	

Physician Name and Location

Physician Signature

Date

Physician NPI