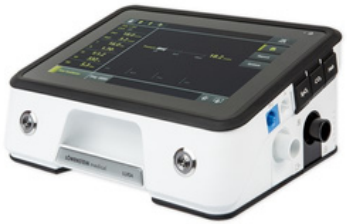
LUISA prescription form
Leakage Circuit



LÖWENSTEIN medical

Fill out one prescription per form.
Lock form at the end once completed.
Please note: Some web browsers may render form fields differently. For best results, download script and open with Adobe Reader.

Reset Form

Patient Information

Patient Name	Unit/House No.
Date of Birth	Street
Patient ID/MRN	Suburb
	State
Date	Post Code

Device

Supplemental Oxygen	☐ **No**	☐ **Yes**	(up to 30 l/min)		
FiO2 Cell (optional accessory)	☐ **No**	☐ **Yes**			
Humidifier	☐ **No**	☐ **Yes**	**Device Model**	**Settings**	

Device Settings

Alarm Volume	(1-4)				
Brightness	(10-100%)				
Orientation	☐ **Auto**	☐ **Horizontal**	☐ **Vertical**		
Screen Background	☐ **Off**	☐ **Polar Bear**	☐ **Koala**	☐ **Lion**	☐ **Astronaut**
2nd Alarm Language	☐ **Off**	☐ **On**	**Language**		

Program

Program	(1-4) **of**	(1-4)			
Program Name	(8 character limit)				
Patient Type	☐ **Adult**	☐ **Paediatric**			
Patient Interface	☐ **Invasive**	☐ **Non-Invasive**			
Circuit Type	☒ **Leakage Circuit**	**Single Circuit with Valve/Double Circuit** (complete prescription form for Valve/Double Circuit)			

LUISA Prescription Form

Program: **of**

	Setting Ranges															
	Adult	**Paediatric**	**Increment**	**CPAP**	**HFT**	**S**	**ST**	**T**	**autoST** (adult only)	**PSV**	**aPCV**	**PCV**	**P-SIMV**	**V-SIMV**	**MPVp**	**MPVv**
Select mode				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
VT	100ml - 3000ml	30ml - 400ml	5ml ≤ 100ml 10ml > 100ml													
CPAP	4 - 20 cmH20	4 - 20 cmH20	0.2 cmH20													
HFT Flow	5 - 60 l/min	5 - 25 l/min	1 l/min													
PS	4 - 46 cmH2O	4 - 46 cmH2O	0.2 cmH20													
IPAP/IPAP Min	4 - 50 cmH2O	4 - 50 cmH2O	0.2 cmH20													
PEEP	4 - 25 cmH2O	4 - 25 cmH2O	0.2 cmH20													
EPAP	4 - 25 cmH2O	4 - 25 cmH2O	0.2 cmH20													
EPAP Min	4 - 20 cmH2O	-	0.2 cmH20													
EPAP Max	4 - 20 cmH2O	-	0.2 cmH20													
Pinsp	0 - 46 cmH20	-	0.2 cmH20													
autoF	On, Off	-	-						☐ Off ☐ On							
Rate (Back-up Rate)	2 - 60/min	5 - 80/min	0.5/min													
Ti Min	0.5 - 4s	0.2 - 4s	0.05s ≤ 0.8s 0.1s > 0.8s													
Ti Max	0.5 - 4s	0.2 - 4s	0.05s ≤ 0.8s 0.1s > 0.8s													
Ti	0.5 - 4s	0.2 - 4s	0.05s ≤ 0.8s 0.1s > 0.8s													
Ti Timed	Auto or 0.5 - 4s	Auto or 0.2 - 4s	0.05s ≤ 0.8s 0.1s > 0.8s													

LUISA Prescription Form

Program: **of**

	Setting Ranges															
	Adult	**Paediatric**	**Increment**	**CPAP**	**HFT**	**S**	**ST**	**T**	**autoST** (adult only)	**PSV**	**aPCV**	**PCV**	**P-SIMV**	**V-SIMV**	**MPVp**	**MPVv**
Trigger +				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Off						☐	☐		☐	☐	☐		☐	☐		
On						☐	☐		☐	☐	☐		☐	☐		
Trigger																
Trigger Inspiration	Auto, 1-10 MPV: 1 - 10	Auto, 1-10 MPV: 1 - 10	-													
Trigger Expiration	5% - 95%	5% - 95%	5%													
Lockout Time	Off, 0.2 - 5s	Off, 0.2 - 5s	0.05s ≤ 0.8s 0.1s > 0.8s													
Target Volume																
Off						☐	☐	☐	☐	☐	☐	☐				
On						☐	☐	☐	☐	☐	☐	☐				
Target Volume Settings (Only complete if Target Volume is selected On)																
Target Volume	100 - 3000ml	30 - 400ml	5ml ≤ 100ml 10ml > 100ml													
Pinsp. Max	0 - 46 cmH2O	0 - 46 cmH2O	0.2 cmH20													
IPAP max	4 - 50 cmH2O	4 - 50 cmH2O	0.2 cmH20													
Speed	1, 2, 3	1, 2, 3	1 - 0.5/8 breaths 2 - 1.0/5 breaths 3 - 1.5/breaths													
Pressure Increase/Redcution																
Increase (Rise time)	1-4	1-4	-													
Reduction (Fall time)	1-4	1-4	-													

LUISA Prescription Form

Program: of

	Setting Ranges				CPAP	HFT	S	ST	T	autoST (adult only)	PSV	aPCV	PCV	P-SIMV	V-SIMV	MPVp	MPVv
	Adult	Paediatric	Increment	Alarm on/off	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alarms (Mandatory, please complete all alarm settings)					If selected On, provide parameter in box												
Leakage High	Off, 5 - 200 l/min	Off, 5 - 200 l/min	5l/min ≤ 50l/min 10l/min > 50l/min	Off ☐ On ☐													
Pressure Low	Off, 6- 50 cmH2O	Off, 6- 50 cmH2O	0.2 cmH2O	Off ☐ On ☐													
Pressure High	6- 55 cmH2O, Off	6- 55 cmH2O, Off	0.2 cmH2O	Off ☐ On ☐													
PEEP High	6- 30 cmH2O, Off	6- 30 cmH2O, Off	0.2 cmH2O	Off ☐ On ☐													
Apnea	5 - 60s, Off MPV: 5-1800s, Off	5 - 60s, Off MPV: 5-1800s, Off	5s ≤ 60s 30s >60s	Off ☐ On ☐													
VT Low	Off*, 90 - 3000ml MPVv: Off, On	Off*, 10 - 400ml MPVv: Off, On	5ml ≤ 100ml 10ml > 100ml	Off ☐ On ☐													Off/On Only
VT High	90 - 3000ml, Off	10 - 3000ml, Off	5ml ≤ 100ml 10ml > 100ml	Off ☐ On ☐													
Rate Low	Off, 1 - 60/min	Off, 1-80/min	0.5/min	Off ☐ On ☐													
Rate High	1 - 60/min, Off	1 - 80/min, Off	0.5/min	Off ☐ On ☐													
MV Low	Off, 0.1 - 40l/min	Off, 0.1 - 40l/min	0.1 l/min	Off ☐ On ☐													
MV High	0.1 - 40l/min, Off	0.1 - 40l/min, Off	0.1 l/min	Off ☐ On ☐													
Optional Alarms (*Accessories sold separately)																	
FiO2 Low*	Off, 20 - 100%	Off, 20 - 100%	1%	Off ☐ On ☐													
FiO2 High*	20 - 100%, Off	20 - 100%, Off	1%	Off ☐ On ☐													
SpO2 Low*	85 - 95%	85 - 95%	1%	Off ☐ On ☐													
SpO2 High*	90 - 100%, Off	90 - 100%, Off	1%	Off ☐ On ☐													
Pulse Low*	Off, 30 - 150 bpm	Off, 30 - 150 bpm	1 bpm	Off ☐ On ☐													
Pulse High*	80 - 250 bpm, Off	80 - 250 bpm, Off	1 bpm	Off ☐ On ☐													
etCO2 Low	Off, 0 - 20%	Off, 0 - 20%	1%	Off ☐ On ☐													
etCO2 High	0 - 20%, Off	0 - 20%, Off	1%	Off ☐ On ☐													
Therapy Ended	Off, On	Off, On	-	Off ☐ On ☐													
Disconnected Patient	Off, On (HFT ONLY)	Off, On (HFT ONLY)	-	Off ☐ On ☐	Locked On		Locked On	Locked On	Locked On	Locked On	Locked On	Locked On	Locked On	Locked On	Locked On	Locked Off	Locked Off

*Off option not available in invasive ventilation (IV)

LUISA Prescription Form

Program: **of**

Additional Information

Prescribers Details

Name	Signature
Health Provider	
provider No.	
Phone Number	
E-mail	

CHECK BOX TO LOCK THE FORM (cannot be unticked) ☐

Technical Setup Sign Off (Internal Use only)

Device Type			Battery Serial Number
Device Serial Number			Battery Firmware Version
Device Firmware Version			Battery Production Date
Preventative Maintenance due date	4 year	8 year	Battery Replacement Date

Technician 1	Technician 2
Name	Name
Phone Number	Phone Number
Signature	Signature
Date	Date
Time	Time

Additional Information