

LUISA prescription form

Leakage Circuit



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.

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
2 nd 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)

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 cmH2O	4 - 20 cmH2O	0.2 cmH2O													
HFT Flow	5 - 60 l/min	5 - 25 l/min	1 l/min													
PS	4 - 46 cmH2O	4 - 46 cmH2O	0.2 cmH2O													
IPAP/IPAP Min	4 - 50 cmH2O	4 - 50 cmH2O	0.2 cmH2O													
PEEP	4 - 25 cmH2O	4 - 25 cmH2O	0.2 cmH2O													
EPAP	4 - 25 cmH2O	4 - 25 cmH2O	0.2 cmH2O													
EPAP Min	4 - 20 cmH2O	-	0.2 cmH2O													
EPAP Max	4 - 20 cmH2O	-	0.2 cmH2O													
Pinsp	0 - 46 cmH2O	-	0.2 cmH2O													
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													

Setting Ranges

	Adult	Paediatric	Increment	CPAP	HFT	S	ST	T	autoST (adult only)	PSV	aPCV	PCV	P-SIMV	V-SIMV	MPVp	MPVv
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 cmH2O													
IPAP max	4 - 50 cmH2O	4 - 50 cmH2O	0.2 cmH2O													
Speed	1, 2, 3	1, 2, 3	1 - 0.5/8 breaths 2 - 1.0/5 breaths 3 - 1.5/breaths													
Pressure Increase/Reduction																
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) -

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)

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	Battery Replacement Date
<input type="checkbox"/> 4 year <input type="checkbox"/> 8 year	

Technician 1

Name	Signature
Phone Number	
Date	
Time	

Technician 2

Name	Signature
Phone Number	
Date	
Time	

Additional Information