Patient Name _____

Date of Birth _____

Date of Script _____

Script Version ACT0414 B&M Comfort Cough Version 5

Script ___ of

Prescriber Name: _____

Presciber Contact: _____

Prescribe Signature: _____

Comfort Cough 2 MIE

Settings/Parameters	Range	Increment	Manual	Auto	Advanced Auto	Percussor
Pressure display	BAR,GRAPH					
Cough Sync	OFF, 1 to 9	1				
Pre Therapy Breaths	OFF, 1 to 9	1				
Pre Therapy Pressure	0 to 70	1cmH2O				
Pre Therapy Flow	LOW,MEDIUM,HIGH	1				
Pre Therapy Time	0 to 5	0.1				
Pre Therapy Pause	0 to 5	0.1				
Number of Cycles	1 to 10	1				
Number of Coughs	1 to 15	1				
Inhale Pressure	0 to 70	1cmH2O				
Inahle Flow	LOW,MEDIUM,HIGH					
Exhale Pressure	0 to -70	1cmH2O				
Inhale Time	0 to 5	0.1 sec				
Exhale Time	0 to 5	0.1 sec				
Pause	0 to 5	0.1 sec				
Oscillation	OFF, INHALE, EXHALE, BOTH					
Oscillation Frequency	1 to 20	1Hz				
Oscillation Amplitude	1 to 10	1cmH2O				
Post therapy breath	ON, OFF					
Percussor Frequency	10 to 780	10CPM				
Percussor Time Minute	0 to 29	1 min				
Percussor Time Sec	0 to 59	1 sec				
I/E Ratio						
Inspiratory Bias	1.0 to 5.0 : 1	0.1				
Expiratory Bias	1: 1.0 to 5.0	0.1				
Options						
Language (Various)						
Brightness (1 to 10)		1				
Date Format DD/MM/YYYY OR MM/DD/YYYY						
Time Format HH:MM or HH:MM am						

Please use 1 page per script/profile required

Technical	
Device Serial No.	
Setup Technician Name	
Device Setup Date	

breathing & medical
respiratory technologies