

# DreamStation BiPAP AutoSV



Sleep and Respiratory Care

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## Prescription Form

Name  Date of birth

Address  Phone



DreamStation BiPAP AutoSV is intended to provide mask-applied, non-invasive ventilator support to adult patients (>30kg) for the primary treatment of obstructive sleep-disordered breathing with secondary Central Sleep Apnoea or Cheyne-Stokes Respiration (CSR). The device may be used in the hospital or home.

*Note: this device is not recommended to be used for respiratory insufficiency.*

## Settings

Optistart  Off  On

Max Pressure  cmH<sub>2</sub>O Ramp  Off  On (complete below if ON)  
*(4-30cmH<sub>2</sub>O, 0.5cmH<sub>2</sub>O increments)*

EPAP Max  cmH<sub>2</sub>O SmartRamp  Off  On  
*(4-20cmH<sub>2</sub>O, 0.5cmH<sub>2</sub>O increments)*

EPAP Min  cmH<sub>2</sub>O Ramp Time (5-45min)  min  
*(4-20cmH<sub>2</sub>O, 0.5cmH<sub>2</sub>O increments)*  
*(in increments of 5 mins)*

Max Pressure Support  cmH<sub>2</sub>O Ramp Start (4-20cmH<sub>2</sub>O)  cmH<sub>2</sub>O  
*(0-26cmH<sub>2</sub>O, 0.5cmH<sub>2</sub>O increments)*  
*cmH<sub>2</sub>O (in increments of 0.5cmH<sub>2</sub>O)*

Min Pressure Support  cmH<sub>2</sub>O  
*(0-26cmH<sub>2</sub>O, 0.5cmH<sub>2</sub>O increments)*

Back Up Rate  Off  Auto  Fixed  BPM  
*(4-30, 1 BPM increments)*

Inspiratory Time  s  
*(When Fixed Rate selected)*  
*(0.5 – 3 sec in 0.1 sec increments)*

Bi-Flex Setting  None/Off  Biflex   
*(When using a fixed back up rate only.*  
*Rise time must be OFF)*  
*1, 2, 3*

Bi-Flex Lock  On  Off

Rise Time   
*(Bi-Flex must be OFF)*  
*1 – 6 (100 – 600msec) in increments of 1*

Rise Time Lock  On  Off

### Humidification

Off

On – default settings  
*Humidifier 3, Tube Temperature 3*

On – non-default  
*Please complete all settings below*  
*(Note: if settings incomplete default settings will be applied)*

Humidification  Adaptive  Fixed

Humidifier  0 (off), 1-5 (1 increment)

Tube temperature  0 (off), 1-5 (1 increment)

## Mandatory Alarms (Select Off or On for each alarm type)

Alarm Type	Off	On	Alarm Setting	Alarm Parameter
Patient Disconnect Alarm	<input type="checkbox"/>	<input type="checkbox"/>	sec	15 or 60 sec
Apnoea Alarm	<input type="checkbox"/>	<input type="checkbox"/>	sec	10, 20, 30, 40 sec

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Interface Supplementary Oxygen No Yes Flow Rate L/min  
Max 15  
L/min

Circuit Type

*Optional – Standard 15mm heated tube provided*

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[Connected Care](#) Add Prescriber to Care Orchestrator Care Team Cellular Modem Use DreamMapper Mobile App

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[Additional Information](#)

Physician Name Email

Physician Signature Phone

Date

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