

DreamStation BiPAP AVAPS

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PHILIPS

Sleep and Respiratory Care

65 Epping Road,
North Ryde NSW 2113

1800 830 517

clinical-src@philips.com

www.philips.com.au/respirionics

Prescription Form - AVAPS- AE Mode

Name

Date of birth

Address

Phone



DreamStation BiPAP AVAPS is intended to provide mask-applied non-invasive ventilator support to Obstructive Sleep Apnoea (OSA) and Respiratory Insufficiency patients weighing over 18kg. This device may be used in the hospital or the home.

Modes

AVAPS-AE Mode

Settings

Target Vt 200mL-1500mL (10mL increments)	mL	Back up Rate Auto, 1 - 30 BPM (1 BPM increments)	Off	On
Max Pressure Min 4 – Max 30cmH ₂ O (0.5cmH ₂ O increments)	cmH ₂ O	Inspiratory Time Only avail with fixed back up rate. 0.5 – 3.0 sec in 0.1 sec increments		s
EPAP Max Min EPAP to (max pressure - max PS) (0.5cmH ₂ O increments)	cmH ₂ O	Rise Time 1 – 6 (100-600msec) in increments of 1		
EPAP Min 4cmH ₂ O to 25cmH ₂ O (0.5cmH ₂ O increments)	cmH ₂ O	Ramp	Off	On
Max Pressure Support 2cmH ₂ O to 26cmH ₂ O (0.5cmH ₂ O increments)	cmH ₂ O	Ramp time Min 5 mins – Max 45 mins in increments of 5 mins		
Min Pressure Support Adjust from 0cmH ₂ O to (Max pressure – Max EPAP) (0.5cmH ₂ O increments)	cmH ₂ O	Ramp start (4-20cmH ₂ O) (in increments of 0.5cmH ₂ O)		

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

Alarm Type	Off	On	Alarm Setting	Alarm Parameter
Patient Disconnect Alarm			sec	Off, 15 or 60 sec
Apnoea Alarm			sec	Off, 10, 20, 30, 40 sec
Low Minute Vent Alarm			LPM	Off, 1 – 99 LPM in 1.0 LPM increments
Low Tidal Volume Alarm				AVAPS only. Will sound if IPAP Max is reached and Vt is not achieved.

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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)	

Interface	Supplementary Oxygen	No	Yes	Flow Rate	L/min Max 15 L/min
Circuit Type	Optional- Standard 15mm heated tube provided				

Connected Care

Add Prescriber to Care Orchestrator Care Team

Cellular Modem

Use DreamMapper Mobile App

Additional Information

Physician Name

Email

Physician Signature

Phone

Date

Lock PDF