

CARO prescription 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

Total number of programs	(1-4)						
Interface Type	Mask - Paed	Mask - Adult S	Mask - Adult M	Mask - Adult L	Mask - Adult XL	Mouthpiece	Trach

Device Settings

Volume	(1-4)		
Brightness	(10-100%)		
Orientation	Auto	Horizontal	Vertical
Filter Timer	Off	On	(1-26 weeks)

CARO Prescription Form

Program 1: Inactive Active Name

	Setting Range	Increment	Auto	Manual
Select mode				
Pin	0 - 70 cmH2O	1 cmH2O		
Pex	0 - 70 cmH2O	1 cmH2O		
Ti	0.1 - 10s	0.1s		
Te	0.1 - 10s	0.1s		
Pause (if trigger off)	0 - 10s	0.1s		
Trigger	Off, On	-	Off On	
Sensitivity (if trigger on)	1 (most sensitive) - 4 (least sensitive)	-		
Ramp	1 (fast) - 4 (slow)	-		

Oscillations

- Off
- Insufflation
- Exsufflation
- Both

Oscillation Settings (Only complete if oscillations on)

Rate	1 - 20 Hz	1 Hz		
Amplitude	1 - 10	-		

Cough Repetitions

- Off
- On

Cough Repetition Settings (Only complete if cough repetitions are selected On)

Number	1 - 15	-		
--------	--------	---	--	--

CARO Prescription Form

Program 2: Inactive Active Name

	Setting Range	Increment	Auto	Manual
Select mode				
Pin	0 - 70 cmH2O	1 cmH2O		
Pex	0 - 70 cmH2O	1 cmH2O		
Ti	0.1 - 10s	0.1s		
Te	0.1 - 10s	0.1s		
Pause (if trigger off)	0 - 10s	0.1s		
Trigger	Off, On	-	Off On	
Sensitivity (if trigger on)	1 (most sensitive) - 4 (least sensitive)	-		
Ramp	1 (fast) - 4 (slow)	-		

Oscillations

- Off
- Insufflation
- Exsufflation
- Both

Oscillation Settings (Only complete if oscillations on)

Rate	1 - 20 Hz	1 Hz		
Amplitude	1 - 10	-		

Cough Repetitions

- Off
- On

Cough Repetition Settings (Only complete if cough repetitions are selected On)

Number	1 - 15	-		
--------	--------	---	--	--

CARO Prescription Form

Program 3: Inactive Active

	Setting Range	Increment	Auto	Manual
Select mode				
Pin	0 - 70 cmH2O	1 cmH2O		
Pex	0 - 70 cmH2O	1 cmH2O		
Ti	0.1 - 10s	0.1s		
Te	0.1 - 10s	0.1s		
Pause (if trigger off)	0 - 10s	0.1s		
Trigger	Off, On	-	Off On	
Sensitivity (if trigger on)	1 (most sensitive) - 4 (least sensitive)	-		
Ramp	1 (fast) - 4 (slow)	-		

Oscillations

- Off
- Insufflation
- Exsufflation
- Both

Oscillation Settings (Only complete if oscillations on)

Rate	1 - 20 Hz	1 Hz		
Amplitude	1 - 10	-		

Cough Repetitions

- Off
- On

Cough Repetition Settings (Only complete if cough repetitions are selected On)

Number	1 - 15	-		
--------	--------	---	--	--

CARO Prescription Form

Program 4: Inactive Active

	Setting Range	Increment	Auto	Manual
Select mode				
Pin	0 - 70 cmH2O	1 cmH2O		
Pex	0 - 70 cmH2O	1 cmH2O		
Ti	0.1 - 10s	0.1s		
Te	0.1 - 10s	0.1s		
Pause (if trigger off)	0 - 10s	0.1s		
Trigger	Off, On	-	Off <input type="checkbox"/> On <input type="checkbox"/>	
Sensitivity (if trigger on)	1 (most sensitive) - 4 (least sensitive)	-		
Ramp	1 (fast) - 4 (slow)	-		

Oscillations

- Off
- Insufflation
- Exsufflation
- Both

Oscillation Settings (Only complete if oscillations on)

Rate	1 - 20 Hz	1 Hz		
Amplitude	1 - 10	-		

Cough Repetitions

- Off
- On

Cough Repetition Settings (Only complete if cough repetitions are selected On)

Number	1 - 15	-		
--------	--------	---	--	--

CARO Prescription Form

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

Warranty End Date Battery Replacement Date

Technician 1

Name

Phone Number

Signature

Date

Time

Technician 2

Name

Phone Number

Signature

Date

Time

Additional Information