



## prismaCR Prescription Form

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 Settings

Language Expert	<b>English</b>	<b>Other</b>	<b>Language</b>
Language Patient	<b>English</b>	<b>Other</b>	<b>Language</b>
Brightness	(1-3)		
Energy saving	<b>Off</b>	<b>On</b>	
Patient info menu	<b>All</b>	<b>Usage</b>	
Key tone volume	(0-3)		
Alarm Volume	(1-3)		

### Comfort Settings

prisma AQUA Humidifier	<b>No</b>	<b>Yes</b>	
Smart Aqua Control	<b>On</b>	<b>Off</b>	
Humidifier Level	(1-7)		
Humidifier Level max	(1-7)		
Mask test pressure	(4-20 cmH20)		

### Accessories

Supplemental Oxygen (via circuit connector)	<b>No</b>	<b>Yes</b>	(up to 15 l/min)
Bacterial Filter	<b>No</b>	<b>Yes</b>	
Tube Type	<b>19-22mm</b>	<b>15mm</b>	
Tube Type Lock	<b>Off</b>	<b>On</b>	
Air Filter Reminder	<b>Off</b>	<b>On</b>	

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	Setting Range	Increment	CPAP		AcSV	
<b>Select mode</b>						
CPAP	4 - 20 cmH2O	0.5 cmH2O				
PDIFF max	2 - 26 cmH2O	0.5 cmH2O				
PDIFF norm	0 - 10 cmH2O	0.5 cmH2O				
EPAP max/EEPAP max*	4 - 20 cmH2O	0.5 cmH2O				
EPAP min/EEPAP min*	4 - 20 cmH2O	0.5 cmH2O				
<b>softPAP</b>						
Off						
softPAP 1						
softPAP 2						
softPAP 3						
softPAP Lock			Off	On		
<b>Bi softPAP</b>						
Off						
Bi soft 1						
Bi soft 2						
TriLevel						
<b>Settings 2 - Back up rate and Inspiratory Time</b>						
autoF	On, Off	-			On	Off
F min (Back-up Rate)**	5 - 30 bpm	1 bpm				
Ti/T set**	25 - 67%	1%				

\*TriLevel Setting

\*\* Only required if autoF is selected Off

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Comfort Settings	Setting Range	Increment	CPAP	AcSV
<b>autoSTART</b>				
Off				
On				
<b>autoSTOP</b>				
Off				
On				
<b>softSTART</b>				
Off				
On				
<b>softSTART Settings</b> (Only complete if softSTART is selected On)				
softSTART max	5 - 45 mins	5 mins		
softSTART pressure min	4 - 20 cmH2O	0.5 cmH2O		

Alert Settings	Setting Range	Increment	Alert Off/On	CPAP	APAP
<b>Alerts</b>					
(If alert is selected On, provide parameter where applicable in the text box)					
Disconnection	Off, On	-	Off On		
Severe Leak	Off, On	-	Off On		
Leakage Lock Alert	Off, On	-	Off On		
Low VT	Off, 300ml - 2000ml	10ml	Off On		
Low MV	Off, 1 - 25l/min	1 l/min	Off On		
Long Apnea	Off, 10 - 60s	10s	Off On		

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## 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  Humidifier Serial Number

Device Serial Number  Warranty End Date

## Technician 1

Name

Phone Number

Signature

Date

Time

## Technician 2

Name

Phone Number

Signature

Date

Time

## Additional Information