

Detailed Written Order (Respiratory)

Patient Name: _____ Date of Birth: _____

Estimated Length of Need: (Check One) 99 Months (Lifetime) Or: _____ DX: _____

PLEASE ATTACH: Patient Demographics, Signed Clinical Notes and Test Results (Oximetry, ABG, etc.).

Nebulizers & Equipment

- Nebulizer Compressor w/ All Related Supplies Pediatric Nebulizer Compressor w/ All Related Supplies
 Mask Trach Mask

Nebulizer Pharmacy

- | | | | |
|---|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> (DouNeb Generic) Iprat 0.5mg/Albuterol 2.5mg/3ml | <input type="checkbox"/> BID (60) | <input type="checkbox"/> TID (90) | <input type="checkbox"/> QID (120) |
| <input type="checkbox"/> Albuterol 2.5mg per 3ml .083% | <input type="checkbox"/> BID (60) | <input type="checkbox"/> TID (90) | <input type="checkbox"/> QID (120) |
| <input type="checkbox"/> Ipratropium Bromide 0.5mg per 2.5ml | <input type="checkbox"/> BID (60) | <input type="checkbox"/> TID (90) | <input type="checkbox"/> QID (120) |

Nebulizer Refills

- 12 Months All Shipments are 90 Day Supply (Unless Specified)
 Other: _____ Other: _____

Cough Assist

- Cough Assist Device
 Inspiratory Pressure Between+ _____ cm H2O and _____ cm H2O
 Expiratory Pressure Between+ _____ cm H2O and _____ cm H2O

High Frequency Chest Wall Oscillation (HFCWO)

- High Frequency Chest Wall Oscillation (Afflovest) Lifetime Rx 30 Day Evaluation

HFCWO Protocol

Standard

or

Custom

	Standard	or	Custom
Treatments Per Day	2		
Minutes Per Treatment	30		
Frequencies/Intensities	[Soft] 5-20Hz [Intense]		
Minimum Use Per Day	10		

Oxygen

O2 Prescription

- Oxygen Concentrator, or Other: _____ LPM: _____ Hrs/Day: _____ via: _____
 Portable Oxygen Tanks Nasal Cannula
 Portable Oxygen Tanks w/ Conserving Device
 Portable Oxygen Concentrator (Choose Setting Below): Mask
 Conserving Device Bleed into Pap Device
 Continuous Flow Trach

Suction

- Stationary Suction Machine/Oral Trach (Circle One) - & Suction Supplies Including:
 Yankauers, (Size) _____ fr Trach Catheters & Trach Clean/Care Kits
 Portable Suction Machine for Trach Suction & Suction Supplies Including:
 Yankauers, (Size) _____ fr Trach Catheters & Trach Clean/Care Kits
 Saline Lavage Bullets (for Inhalation) & Non-Sterile 4x4 Gauze
 Shiley Disposable Inner Cannulas (DIC) Size: _____
 Velcro Trach Collars
 Humidifier – 50 PSI for Home Use
 Trach Type: :CFN :CFS :Other: _____ :Cuffed or :Cuffless :Fenestrated or :Non-Fenestrated
 Other: _____

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, ordered the above mentioned items.

Physician Signature: _____

Signature Date: _____ Time: _____

Printed Physician Name: _____

NPI: _____

Date: _____