



800-779-4231

2018 FACILITY ASSISTANT -
PATIENT
ADMISSION BOOKLET
for
Cardio-Pulmonary



The Difference is ...SERVICE



Goals: As the leader in complete respiratory support Pulmonary Exchange, Ltd (PEL/VIP) has developed an Admission Booklet to assist in providing the proper equipment, supplies & educational support for admission to your Center

PEL/VIP also provides 24 Hour Respiratory Support by a state licensed RT to assess patients, setup equipment, demonstrate to your clinical staff the proper function & utilization of equipment & modalities and consult on specific policies & procedures

All equipment will be setup by a licensed respiratory therapist in your state

Resident Admission Data Forms:

- Non-Invasive Ventilation Admission Form
 - Cpap & Bipap Admission Form
- High Flow Oxygen Admission Form
 - Tracheostomy Admission Form
- Oxygen Therapy Admission Form

Please Call 1-800-779-4231 to talk with a PEL/VIP Coordinator 24-Hours a day to assist you in providing comprehensive respiratory care



ADMISSION DATA FORM: RESPIRATORY CARE
SERVICES

NON-INVASIVE VENTILATION (NIV)

Date: _____ Facility: _____ Contact Person: _____

Resident's Name: _____

Age: _____ Sex: ____M ____F Attending Physician: _____

Diagnosis: _____

Primary Diagnosis (include why resident is on NIV
therapy): _____

Is resident on oxygen with NIV? Yes____ No____

If Yes, what is the liter flow of oxygen? _____ LPM

Is oxygen prescribed when not using NIV? Yes____ No____

If yes, O2 device being used: ☐ Cannula ☐ Venti Mask ☐ Simple Mask

☐ PRB Mask ☐ NRB Mask

Physician's Order:

☐ IVAPS (ResMed) Patient Height: _____ (**MUST have patient height)

Tidal Volume _____ EPAP/PEEP: _____ cmH2O(cwp) Target respiratory
rate: _____

PS Min: _____ cmH2O(cwp) PS Max: _____ cmH2O(cwp)

Inspiratory Time Min: _____ sec Inspiratory Time Max: _____ sec

☐ AVAPS (Respironics)

Target Tidal Volume: _____ Rate: _____ Inspiratory Time: _____ sec

IPAP Min: _____ cmH2O(cwp) IPAP Max: _____ cmH2O(cwp)

EPAP: _____ cmH2O(cwp) Pressure Support: _____

How many hours per day is the resident using NIV device? _____ QHS

____ Daytime _____ Continuous

Mask (Interface) Type/Size (if known): _____ (Nasal Mask or Mouthpiece
IVAPS ONLY)

Supplemental Oxygen: FiO2/lpm: _____ Humidity: ☐ Cool (if applicable)

☐ Heated (if applicable)

***Please ask the referring facility if they can send the resident's NIV set-up with them from that facility. This
set-up would include the interface and tubing which are single resident use items. This will assist in the initial
set-up by being more cost-effective***

Please note that there are several different types of interfaces that can be utilized with this therapy. Our
therapists will fit the resident with the type/style best suited to the resident. We will also in-service your staff
regarding the equipment operation and set-up.



**ADMISSION DATA FORM: RESPIRATORY CARE
SERVICES
CPAP/BiPAP Resident (PAP)**

Date: _____ Facility: _____ Contact Person: _____

Resident's Name: _____

Age: _____ Sex: ____ M ____ F Attending Physician: _____

Diagnosis: _____

Is resident on oxygen with PAP? Yes ____ No ____ If Yes, what is the liter flow of oxygen? _____ LPM

Is oxygen prescribed when not using PAP? Yes ____ No ____

If yes, O2 device being used: ☐ Cannula ☐ Venti Mask ☐ Simple Mask ☐

PRB Mask ☐ NRB Mask

Physician's Order:

☐ CPAP: _____ cmH₂O(cwp)

☐ Autoset CPAP (pressure range for therapy): Low _____ to High: _____
cmH₂O(cwp)

☐ BIPAP: IPAP _____ cmH₂O(cwp) EPAP _____ cmH₂O(cwp) ***IPAP is
always higher than EPAP***

☐ BIPAP with backup respiratory rate: IPAP _____ cmH₂O(cwp) EPAP
_____ cmH₂O(cwp) Rate: _____ bpm

☐ Autoset BIPAP: IPAP range _____ cmH₂O(cwp) EPAP range
_____ cmH₂O(cwp)

How many hours per day is the resident using PAP device?

_____ QHS _____ Daytime _____ Hrs per day

Mask (Interface) Type/Size (if known): _____

Humidity: ☐ Cool Passover (if applicable) ☐ Heated Passover (if applicable)

*****Please ask the referring facility if they can send the resident's CPAP or BIPAP set-up with them from that facility. This set-up would include the interface and tubing which are single resident use items. This will assist in the initial set-up by being more cost-effective*****

Please note that there are several different types of interfaces that can be utilized with this therapy. Our therapists will fit the resident with the type/style best suited to the resident. We will also in-service your staff regarding the equipment operation and set-up.



ADMISSION DATA RESPIRATORY CARE SERVICES
HIGH FLOW OXYGEN > 6 Liters of Oxygen

Date: _____ Facility: _____ Contact Person: _____

Resident's Name: _____

Age: _____ Sex: ____ M ____ F Attending Physician: _____

Diagnosis: _____

What device is currently being used at the referral center? _____

If patient is on OptiFlow or Vapotherm at the referral center we can convert these units to the AIRVO with the below settings:

Physician's Order for SNF:

%O₂: _____ L/min: _____

Heated Humidification Degree (Celsius): 31 degrees ____ 34 degrees ____ 37 degrees ____

Is High Flow to be utilized during day/night/or for a minimum of ____ hours per day (circle one)

Interface: Adult Cannula ____ Tracheostomy Interface ____ Tracheostomy mask ____

Are there any orders for Oxygen titration written by the Physician? ____ Yes ____ No

If yes, please note order here

Is the patient on a PAP device at night? ____ Yes ____ No

What are the settings? I ____ E ____

What is the bleed in O₂ liter flow on the PAP device? ____ lpm

Does the resident receive Respiratory treatments? ____ Yes ____ No

Type of treatment: Nebulizer ____ MDI ____ DPI ____

Type and dose of medication: _____

Frequency of treatments: _____

Does the resident have a spacer for their MDI? Yes ____ (Ask referring facility to send with) No ____

**ADMISSION DATA FORM: RESPIRATORY CARE
SERVICES**
Tracheostomy Resident

Date: _____ Facility: _____ Contact Person: _____

Resident's Name: _____

Age: _____ Sex: ____ M ____ F Attending Physician: _____

Diagnosis: _____

Is this a new tracheostomy? Yes ____ No ____

If yes, was the first trach change done at the hospital? Yes ____ No ____

Tracheostomy Set Up Order

High Humidity Aerosol Trach Collar: _____ % Oxygen _____ O2 LPM

Bleed In _____ No Oxygen ordered _____ Continuous _____ QHS

Medical equipment considerations – (should have the following equipment available)

Large Volume Air Compressor or Lg Volume Air Compressor/Concentrator (if O2 ordered) or Liquid O2 (if O2 ordered)

Portable O2 tank available (for portability and/or to use with ambu bag as needed)

Suction Unit

Nebulizer Compressor (if nebulizer treatments are ordered)

Tracheostomy Supply Information Needed

Brand/Type/Size of Tracheostomy Tube: Brand - Shiley ____ Portex ____

Bivona ____ Size - _____ Type - Cuffed ____ Uncuffed ____

Fenestrated _____

(Recommend having 1 emergency back-up same size trach and 1 emergency step down trach tube available at bedside at all times)

Type of inner cannula: Disposable _____ Standard (reusable)

(With disposable inner cannula, do not rinse and re-use, must be disposed of after 1 time use)

Type/Size of suction catheter:

Standard _____ Closed _____ Size _____ (FR)

Is the resident using a speaking valve (Passy-Muir)?

YES _____ *(If YES Ask the referring facility to send)* **NO** _____

Does the resident receive respiratory treatments? YES _____ NO _____

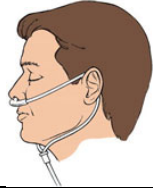
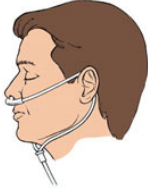

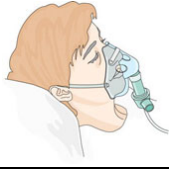

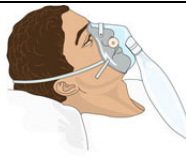

Type of Treatment: Nebulizer _____ MDI _____

Frequency of Treatments: _____

Does the resident have a MDI trach adapter or spacer?

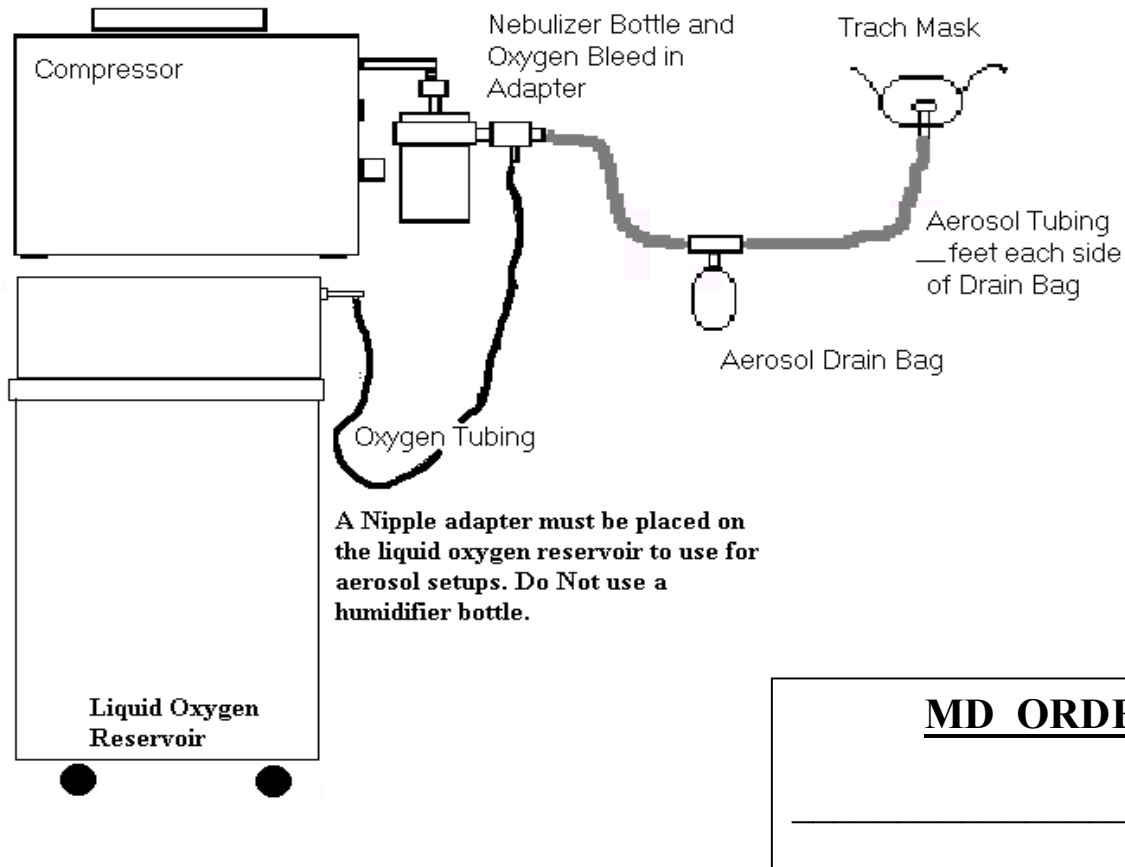
YES _____ *(Ask referring facility to send)* **NO** _____

OXYGEN LITER FLOW TOOL

<u>Device</u>	<u>Liter Flow</u>		<u>Source(s)</u>
<u>Nasal Cannula</u>	<u>1-6 LPM</u>		<u>Concentrator, Tanks, Liquid</u>
<u>High Flow Cannula</u>	<u>6-15 LPM</u>		<u>Concentrator, Tanks, Liquid</u>
<u>Simple Mask</u>	<u>5-10 LPM</u>		<u>Concentrator, Tanks, Liquid</u>
<u>Venturi Mask</u>	<u>Specific Flow On Mask</u>		<u>Tanks, Liquid</u>
<u>Partial Rebreather Mask</u>	<u>6-15 LPM (Set Liter flow so the bag does not collapse, humidifier is generally not used)</u>		<u>Tanks, Liquid</u>
<u>Non Rebreather Mask</u>	<u>6-15 LPM (Set Liter flow so the bag does not collapse, humidifier is generally not used)</u>		<u>Tanks, Liquid</u>
<u>Trach Collar</u>			Oxygen tanks, liquid oxygen, Compressor/concentrator dual hook up, Compressor only(if no oxygen is ordered)

Never run any mask at less than 5 LPM as there is not enough flow to flush out the mask and the patient may re-breathe CO₂***

Continuous Aerosol with Compressor and Liquid Oxygen FiO2 40% or Below



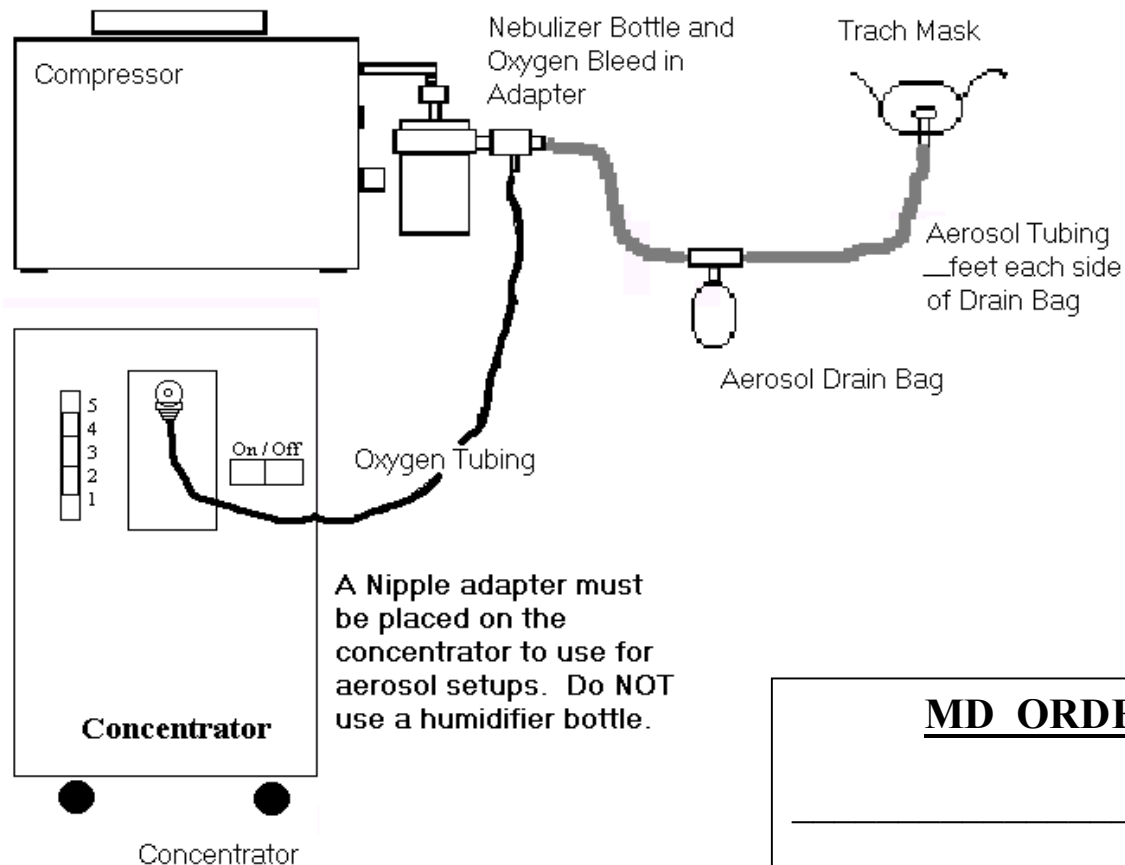
Turning on your aerosol system:

1. Turn on the compressor machine.
2. Make sure the compressors gauge is-on psi
3. Make sure the aerosol numbered ring is adjusted to %.
4. If you have oxygen in-line with your system, make sure the proper flowrate is being delivered to your aerosol system. If applicable, your oxygen flowmeter on the liquid oxygen reservoir should be at LPM.
5. **Do not adjust any of the pre-set parameters unless instructed to do so by your Respiratory Therapist!!**
6. You should see a visible mist coming through the track mask collar.

Infection Control:

1. Wash hands and use universal precautions when handling aerosol and oxygen equipment.
2. Aerosol and oxygen devices are "single resident use" and disposable. Do not clean and use on another resident.
3. Change large volume nebulizer, continuous aerosol circuit, tracheotomy mask or tracheotomy tee (Briggs) adapter within 72 hours or sooner if contaminated. Discard in properly designated container.

Continuous Aerosol with FiO2 40% or Below



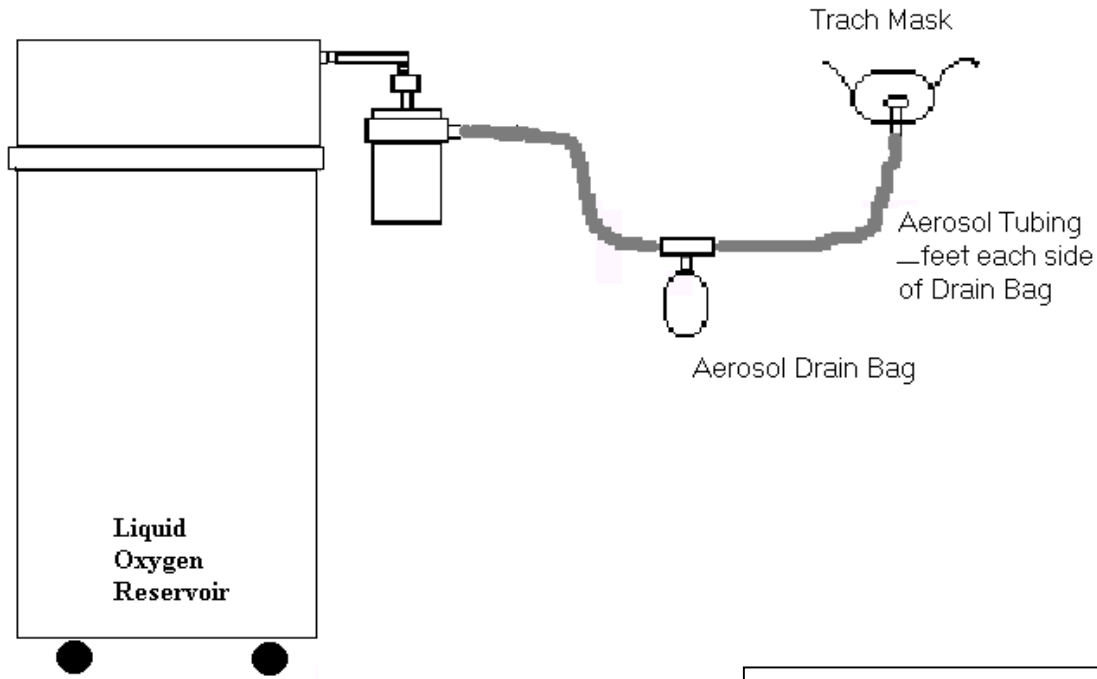
Turning on your aerosol system:

1. Turn on the compressor machine.
2. Make sure the compressors gauge is-on_____psi
3. Make sure the aerosol numbered ring is adjusted to_____%.
4. If you have oxygen in-line with your system, make sure the proper flowrate is being delivered to your aerosol system. If applicable, your oxygen flowmeter on the concentrator should be at_____ LPM.
5. **Do not adjust any of the pre-set parameters unless instructed to do so by your Respiratory Therapist!!**
6. You should see a visible mist coming through the track mask collar.

Infection Control:

1. Wash hands and use universal precautions when handling aerosol and oxygen equipment.
4. Aerosol and oxygen devices are "single resident use" and disposable. Do not clean and use on another resident.
5. Change large volume nebulizer, continuous aerosol circuit, tracheotomy mask or tracheotomy tee (Briggs) adapter within 72 hours or sooner if contaminated. Discard in properly designated container.

Continuous Aerosol with Liquid Oxygen Any FiO2 Setting



MD ORDER

_____ %

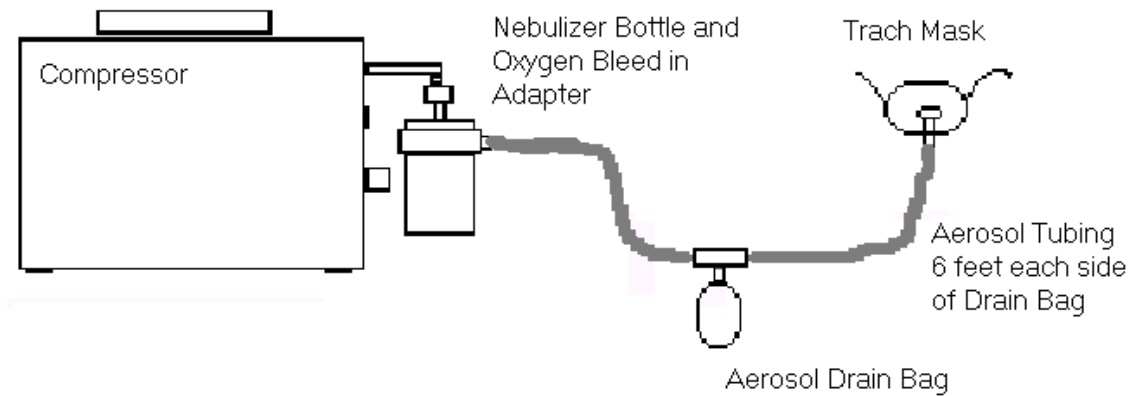
Turning on your aerosol system:

1. Turn on the flowmeter for the liquid oxygen reservoir.
2. Make sure the contents gauge is over _____.
3. Make sure the aerosol numbered ring is adjusted to _____ %.
4. Adjust the oxygen flowmeter on the liquid oxygen reservoir to at _____ LPM.
5. **Do not adjust any of the pre-set parameters unless instructed to do so by your Respiratory Therapist!!**
6. You should see a visible mist coming through the track mask collar.

Infection Control:

1. Wash hands and use universal precautions when handling aerosol and oxygen equipment.
6. Aerosol and oxygen devices are "single resident use" and disposable. Do not clean and use on another resident.
7. Change large volume nebulizer, continuous aerosol circuit, tracheotomy mask or tracheotomy tee (Briggs) adapter within 72 hours or sooner if contaminated. Discard in properly designated container.

Continuous Aerosol with Room Air



Turning on your aerosol system:

1. Turn on the compressor machine.
2. Make sure the compressors gauge is-on_____psi
3. Make sure the aerosol numbered ring is adjusted to_____%.
4. **Do not adjust any of the pre-set parameters unless instructed to do so by your Respiratory Therapist!!**
5. You should see a visible mist coming through the track mask collar.

Infection Control:

1. Wash hands and use universal precautions when handling aerosol and oxygen equipment.
8. Aerosol and oxygen devices are "single patient use" and disposable. Do not clean and use on another patient.
9. Change large volume nebulizer, continuous aerosol circuit, tracheotomy mask or tracheotomy tee (Briggs) adapter within 72 hours or sooner if contaminated. Discard in properly designated container.

MANUAL Clinical Standard Operations <i>Procedures</i>			Effective Date: Revised: 07/01/2007 Revised: 04/2014 Approved:
Section <i>EQM</i>	Policy # 2.2	Recommended Supplies for Respiratory Care Equipment Setup	Approved by:
Page 1 of 2			

1. PURPOSE: To describe the recommended supplies available for each Respiratory Setup

Continuous Aerosol Setup to Tracheostomy or Face Mask

- ☐ Air Compressor
 - ☐ Oxygen Concentrator/or ☐ Liquid Tank with flow gauge
 - ☐ H tank includes Regulator
 - ☐ Suction Machine – Aspirator
 - ☐ Pulse Oximeter
 - ☐ Oxygen Analyzer
 - ☐ Tracheostomy Mask or face Mask for Aerosol
 - ☐ Aerosol Tubing
 - ☐ Aerosol Drain Bag
 - ☐ Oxygen Bleed in Tee
 - ☐ Oxygen Tubing
 - ☐ Oxygen Nipple Adapter
 - ☐ Aerosol Bottle (Refillable or Prefilled)
 - ☐ Manual Resuscitator (single resident use)
 - ☐ Tracheostomy Tubes (same size spare and emergency step-down backup)
 - ☐ Tracheostomy Ties
 - ☐ Suction Catheters
 - ☐ Tracheostomy Care Kits
 - ☐ Suction Bottles
 - ☐ Suction Tubing (6 foot and 18 inch)
 - ☐ Sterile Water
 - ☐ Transport E Cylinder with Venturi mask set for current oxygen percentage
- Orders require documentation of desired oxygen percentage to be delivered: _____%*

Oxygen Setup by Nasal Cannula – Liter flow up to 6 LPM

- ☐ Oxygen Concentrator/or ☐ H tank includes Regulator /or ☐ Liquid Tank includes Flowmeter
 - ☐ Nasal Cannula
 - ☐ Humidifier Bottle (Refillable or Prefilled)
- Orders require documentation of liters per minute to be delivered and hours of use: _____ lpm _____ hours per day*

Oxygen Setup by Nasal Cannula High Flow– Liter flow up to 15 LPM

- ☐ Oxygen Concentrator-up to 10LPM/or ☐ H tank includes Regulator /or ☐ Liquid Tank with Flow gauge
☐ Nasal Cannula High Flow or Oximixer Pendent
☐ Humdifier Bottle (Refillable or Prefilled) designed for High Flow

Orders require documentation of liters per minute to be delivered and hours of use: _____ lpm _____ hours per day

Oxygen Setup by Simple Mask – Minimum Liter Flow 6 LPM

- ☐ Oxygen Concentrator-up to 10LPM/or ☐ H tank includes Regulator /or ☐ Liquid Tank with Flow gauge
☐ Simple mask with 7 foot tubing
☐ Humdifier Bottle (Refillable or Prefilled)

Orders require documentation of liters per minute to be delivered and hours of use: _____ lpm _____ hours per day

Oxygen Setup by Rebreather/NonRebreather Mask – Liter Flow 8 to 15 LPM

- ☐ H tank includes Regulator /or ☐ Liquid Tank with Flow gauge
☐ Rebreather or Nonrebreather mask with 7 foot tubing
☐ Oxygen Nipple Adapter

Orders require documentation of liters per minute to be delivered and hours of use: _____ lpm _____ hours per day

Oxygen Setup by Venturi mask – Liter Flow Specified on mask

(humidifiers cannot used with this type of mask)

- ☐ H tank includes Regulator /or ☐ Liquid Tank includes Flow gauge
☐ Venturi mask with 7 foot tubing
☐ Oxygen Nipple Adapter

Orders require documentation of oxygen percentage to be delivered and hours of use: _____ lpm _____ hours per day

CPAP or BIPAP Setup (oxygen equipment if needed)

- ☐ Oxygen Concentrator/or ☐ H tank includes Regulator /or ☐ Liquid Tank with Flow gauge
- ☐ Oxygen Bleed in Tee connector
- ☐ Oxygen Tubing
- ☐ Oxygen Nipple Adapter
- ☐ CPAP/BIPAP Tubing
- ☐ CPAP/BIPAP Mask fitted to proper size
- ☐ CPAP/BIPAP Headgear
- ☐ CPAP/BIPAP Vent/Exhalation Valve if not included on mask
- ☐ Humidifier (if ordered)

Orders require documentation of liters per minute to be delivered and hours of use: _____ lpm _____ hours per day

CPAP - Orders require documentation of one continuous pressure: _____ cmH₂O pressure

Auto CPAP - Orders require documentation of range (low to high) of continuous pressures : Low: _____ High: _____ cmH₂O pressure

BiPAP - Orders require documentation of IPAP: _____ cmH₂O pressure / EPAP: _____ cmH₂O pressure

BiPAP with Backup Respiratory Rate - Orders require documentation of IPAP: _____ cmH₂O pressure / EPAP: _____ cmH₂O pressure and Respiratory Rate (RR): _____ breaths per minute (backup RR)

IPAP=Inspiratory Positive Airway Pressure/ EPAP=Expiratory Positive Airway Pressure

Nebulizer Compressor setup for Medication Delivery

- ☐ Nebulizer Compressor
- ☐ Nebulizer Setup with Tubing and Nebulizer cup (setup may include a mouthpiece or mask)
- ☐ Medications

Orders require documentation of medication dosage and frequency of treatments per day

CRASH CART – RESPIRATORY SUPPLIES – Duplicate for each Crash Cart and have extra supplies to restock

- ☐ E tank includes Regulator (up to 15 LPM and Cylinder Wrench, if applicable)
- ☐ Oxygen mask (Non Rebreather Mask)
- ☐ Oxygen Tubing
- ☐ Oxygen Nipple Adapter
- ☐ Manual Resuscitator (single resident use) with appropriate mask for resident population
- ☐ Suction Unit - Aspirator
- ☐ Suction Catheters
- ☐ Suction Tubing – 6 foot and 18 inch
- ☐ Suction Bottle
- ☐ Suction Tube - Yankeur