



Patient/Caregiver Instructional Checklist for CPAP/BiPAP

Patient Name: _____

Physician: _____

Others present: _____

GOAL: Patient/Caregiver able to set-up, operate, clean and properly utilize CPAP/BiPAP/RADS unit and supplies.
SET-UP: Respiratory Therapist shall review/discuss the following with the Patient/Caregiver:

General Information

- _____ "After hours" call procedure
- _____ Company Address, phone number and regular business hours
- _____ Delivery policy
- _____ Follow-up by qualified staff
- _____ Patient Rights and Responsibilities

Safety Guidelines

- _____ Environmental and Electrical Safety Check () Instruction/Set up in store
- _____ Identification of electrical outlet for use on unit only () Discussed
- _____ Treatment of skin/eye irritation, ear/sinus infection caused by use of unit.

Patient/Caregiver Proficiency

- _____ Respiratory Therapist shall assure Patient/Caregiver is proficient in the proper use and care of the CPAP/BiPAP unit demonstration.

Installation Guidelines

- _____ Unit is calibrated correctly
- _____ Provide educational materials
- _____ Flow generator on/off switch
- _____ Hours of use per doctor's prescription
- _____ Mask, valve and tubing
- _____ Positioning and sizing of headgear (mask and head strap)
- _____ Proper set-up, connection and operation of all equipment
- _____ Setting mode(s) per doctor's prescription
- _____ Troubleshooting circuit and machine
- _____ Turning Humidifier on/off
- _____ adding distilled water to humidifier reservoir

Cleaning Guidelines

- Checking mask, headgear, and tubing for discoloration, rips, etc.
- Cleaning procedure for the flow generator
- Cleaning procedure for intake filter
- Cleaning procedure for mask, valve headgear and tubing
- Routine changing of disposable supplies

NOTICE TO PATIENT/CAREGIVER

Your doctor has prescribed your course of treatment, which involves this equipment. It is not intended to be used as a life-support device. Neither the dealer nor the manufacturer make any claims, warranties or representations regarding the suitability of this type of treatment for your particular requirements, nor will the dealer or manufacturer assume any responsibility for the success or failure of any treatments administered by this device. Distributor's and manufacturer's liability shall be limited to repair or replacement.

We Recommend you call your physician or 911 if you have a medical emergency.

Patient/Caregiver understands and agrees to:

- Call AuBurn for additional supplies
- Call AuBurn if the equipment should malfunction
- Call AuBurn to schedule pressure checks as recommended by the equipment manufacturer
- Never allow an untrained individual to operate the unit
- Never make repairs to the unit
- Notify AuBurn of any change in patient residence or status
- Utilize designated outlet for use on CPAP/BiPAP only

Patient Signature: _____

Authorized Patient Representative Signature: _____

Address: _____ Phone # _____

Company Representative: _____ Date: _____

Reason Why Patient Did Not Sign: _____