

Purpose:

Bi-level Positive Airway Pressure (BIPAP) units are electrical devices that use a motor and a blower to maintain a flow of air that provides pressure to your airways, preventing them from collapsing. By keeping your airways open you can breathe uninterrupted during sleep. BIPAP units require a doctor's order before use. You must always follow and abide by all manufacturers' operating and safety instructions.

Types:

There are different types of BIPAP units but they all function by applying low-pressure airflow to your airways. The air pressure holds your airways open, preventing the collapse of your palate and tongue, which can obstruct your air passages. Some BIPAP units have a ramping feature that starts the air pressure at a lower pressure and gradually increases over time. This ramping feature can assist you in going to sleep.

Accessories:

In order for the pressure from the BIPAP unit to keep your airways open, a mask or nasal device must be used. These masks or nasal devices must be fitted to your face. There are many different kinds of nasal masks, nasal pillows, and oral devices to choose from to facilitate a good seal and maintain your comfort. If a headgear appliance is used to secure the mask or nasal pillows, it should be snug enough for a good fit in all sleeping positions. Your supplies have a useful life that varies depending upon use and will occasionally need to be replaced. These items usually can be setup on recurring delivery schedules so you don't have to make a special trip into Owens. These accessories also need separate prescriptions and must be properly fitted. Humidifiers are sometimes necessary to moisten the air.

Use:

Each BIPAP unit has two pressure settings that must be set and verified by Owens. Never adjust these pressure settings on your own. A good practice when preparing to go to bed is to put your headgear and mask (or pillows) on in front of a mirror. Once you have the headgear and mask on, get into bed and attach the tubing, then turn the unit on. It is acceptable to gradually work up to wearing the device the entire night. Your compliance with your physician's treatment plan is very important.

Maintenance:

Cleaning should be done in the Morning so all washed supplies can dry prior to evening use:

- BIPAP units should be kept clean by using a damp cloth and mild dishwashing detergent every few days. Never use alcohol or an alcohol-based solution to clean the unit. Always unplug the unit before cleaning. The BIPAP unit must be completely dry before plugging back in.
 - The air-inlet filter should be checked daily. If the filter is reusable (washable), it should be able to withstand cleaning in a solution of lukewarm water and antibacterial dishwashing detergent and rinsed thoroughly with tap water. If disposable, the filter should be changed when dirty.
 - Never clean your mask or nasal device in the dishwasher.
 - Your tubing can be cleaned with the same antibacterial soap and water and hung vertically to dry.
 - Always allow all BIPAP accessories to completely air dry before reattaching them to the BIPAP unit. Never attempt any repair on the BIPAP unit. Each BIPAP device should be regularly pressure checked according to manufacturer's guidelines.
 - If you are using a humidifier, the distilled water must be drained and the humidifier cleaned daily.
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Respiratory Care Plan



Patient: _____
 Address: _____

 Phone: _____
 DOB: _____ Sex: Male Female
 Principal Diagnoses: _____

Emergency Contact: _____
 Phone #: _____
 Physician: _____ Phone: _____
 Physician Address: _____
 HHA: No Yes: _____
 Other Permitted Diagnoses: _____

Equipment

O2 Concentrator _____
 Cylinder O2 — M6 E CPAP/BILEVEL _____ Other _____

Functional Limitations

None Speech
 Hearing Amputee
 Visual Paralysis
 Other _____

Mental Status

Alert/Oriented
 Confused
 Depressed
 Anxious
 Other _____

Family/Caregiver Support

Patient is independent
 Patient lives with family/ caregiver
 Patient lives alone with family/ caregiver support available
 Patient lives alone and needs support
 Other _____

Risk of Falls

Minimal Risk
 Moderate Risk
 High Risk
 Faxed Fall Risk Assessment Form to Dr.
 Date: _____

Needs/Problems

See diagnosis and prescription
 Patient smokes
 Smoke alarm/fire extinguisher Not checked regularly (every 6 mo)
 No smoke alarm in home
 No fire extinguisher in home
 Other _____

Goals

Patient will receive and utilize equipment prescribed
 Patient/caregiver understand set-up, safety and proper use of equipment
 Patient will have a safe home environment
 Equipment maintained per manufacture guidelines
 Compliance with MD orders
 Other _____

Action/Plan

Equipment set-up and patient/caregiver instructed on safe and proper use
 Patient/caregiver instructed on cleaning, troubleshooting, and maintenance of equip
 Patient understands hazards of smoking/ open flames
 Patient encouraged to check smoke alarm And fire extinguisher at least every 6 months
 Patient encouraged to install smoke alarm
 Patient encouraged to install extinguisher
 Other _____

Comments: _____

Field Tech or Respiratory Therapist Initials: _____ Date: _____



Dear Owens Sleep Therapy Patient,

Thank you for choosing Owens to provide your sleep therapy equipment. We are pleased to be part of the overall treatment to improve your life. In order for you to receive the greatest benefit from your CPAP or BIPAP, it is important to use your machine on a regular basis. Historically, nightly use has proved most beneficial, and we are positive it will also benefit you.

In addition to regular usage, we have found patients who consistently maintain their machines are more likely to achieve results with sleep therapy. Maintenance may include cleaning your machine, humidifier, and masks. Additionally, maintenance includes routinely replacing masks, nasal cannulas, mask cushions, tubing, and filters. Most health insurance providers cover replacement supplies.

To help you achieve optimal results with your equipment, we have implemented an automated system that will routinely call you to alert you of sleep therapy supplies due for replacement. The phone call will prompt you to do one of the following:

- Select option one:** Send all eligible replacement supplies directly to your home. This option may require payment in the form of a co-pay, deductible, or share of cost.
- Select option two:** Decline the shipment of supplies at this time.
- Select option three:** Have a live Owens customer service representative contact you within 2-3 business days.

If you are unavailable to answer the phone at the time of the automated call, a message will be left on your answering machine prompting you to call Owens regarding your sleep therapy supplies.

If you do not want to receive calls from our system, simply ask an Owens representative to remove your name from the calling list.

We look forward to servicing your sleep therapy needs throughout the course of your treatment.

Your partner in success,

Owens