

## Purpose:

Continuous Positive Airway Pressure (CPAP) 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. CPAP 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 CPAP 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 for obstructing your air passages. Some CPAP 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 CPAP 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 need to be replaced occasionally. 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 CPAP unit has one pressure setting that must be set and verified by Owens. Never adjust this pressure setting 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. No other piece of medical equipment alters your lifestyle like a CPAP unit. If you look at how many times you awaken each night, and the lack of restful sleep you have had, it is easy to learn to sleep with the CPAP device on.

## Maintenance:

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

- CPAP 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 CPAP 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 CPAP accessories to completely air dry before reattaching them to the CPAP unit. Never attempt any repair on the CPAP unit. Each CPAP 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.

# 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**