American HomeCare Equipment
Main Address: 3200 N 29th. Ave. Hollywood, FL 33020
Phone: (954) 772-5052 Fax: (954) 772-5288
West Palm Beach Address: 6252 S. Congress Ave. Lantana, FL, 33462
Phone: (561) 469-2090 Fax: (561) 894 -5296

Email: customerservice@ahcequip.com
Parachute / Careport / Go Scripts / DME Scripts

Trilogy 100/evo

Prescription for mechanical ventilation

Name of Patient:_____ Date of birth _____ Date: _____

Trilogy settings

☐ SIMV ☐ AC ☐ CV ☐ PC-SIMV ☐ PC ☐ S/T
☐ T ☐ S ☐ CPAP

Vt_____ ml rate _____ inspiratory time _____ sigh ☐ on ☐ off

Pressure_____ PS _____ EPAP/PEEP _____ IPAP _____ CPAP _____

☐ AVAPS IPAP min _____ IPAP max _____ Vt target _____

Supplemental oxygen FIO_2/lpm _____ titrate O_2 to maintain SaO_2> _____ duration _____

Humidification ☐ heated humidifier ☐ HME

Download ventilation reports with DirectView software ☐ yes ☐ no download frequency _____

Patient interface ☐ mask ☐ trach tube ☐ other _____

Hours of use ☐ continuous ☐ during sleep ☐ other _____

Duration of use ☐ lifetime ☐ other _____

Additional orders/dual prescription

Physician information

Name (please print) Signature

Telephone