

Philips E70 prescription

All sections MUST be completed by a clinician. PLEASE COMPLETE IN BLOCK CAPITALS

Full name: Mr/Mrs/Miss/Other		DOB:	
Address:		Gender:	
		Permission to leave voicemail: Yes / No	
Contact telephone number:	Email address:		
NHS Patient ID:	Hospital ID:	Diagnosis: (Options)	
Carer/Relation name:	Carer/Relation telephone number:		
Therapy set-up date:	Device serial number (if known):		

Preset 1		Therapy presets – N.B. any presets not completed below will be left on the factory default settings			
Prescription for		E70 Auto	E70 Auto Advanced		
1.1	Cough-Trak: <small>(insp. trigger)</small>	On / Off	<small>(if Cough-Trak is 'On', tick 'N/A for pause time)</small>		
1.2	Settings in 1.2 only applicable to E70 Auto advanced. If prescription is for E70 Auto, please move to 1.3	Pre Therapy Breath:	On / Off	Pre Therapy Flow:	Low / Med / High
		Pre Therapy Breaths:	(Off-10)	Pre Therapy Time:	Seconds
		Pre Therapy Pressure:	(0-+70cmH ₂ O)	Pause time:	Seconds
		Number of cycles:	(1-10)		
1.3	Number of coughs:	(1-15)			
	Inhale pressure:	+ cmH ₂ O	Inhale time:	Seconds	Inhale flow: Low / Med / High
	Exhale pressure:	- cmH ₂ O	Exhale time:	Seconds	Pause time: Seconds
1.4	Oscillation:	On / Off	Frequency: + Hz	Amplitude: cmH ₂ O	
1.5	Number of cycles:	+ Hz	Amplitude: cmH ₂ O		
1.6	Post Therapy Breath:	On / Off			

Preset 2		Therapy presets – N.B. any presets not completed below will be left on the factory default settings			
Prescription for		E70 Auto	E70 Auto Advanced		
2.1	Cough-Trak: <small>(insp. trigger)</small>	On / Off	<small>(if Cough-Trak is 'On', tick 'N/A for pause time)</small>		
2.2	Settings in 2.2 only applicable to E70 Auto advanced. If prescription is for E70 Auto, please move to 2.3	Pre Therapy Breath:	On / Off	Pre Therapy Flow:	Low / Med / High
		Pre Therapy Breaths:	(Off-10)	Pre Therapy Time:	Seconds
		Pre Therapy Pressure:	(0-+70cmH ₂ O)	Pause time:	Seconds
		Number of cycles:	(1-10)		
2.3	Number of coughs:	(1-15)			
	Inhale pressure:	+ cmH ₂ O	Inhale time:	Seconds	Inhale flow: Low / Med / High
	Exhale pressure:	- cmH ₂ O	Exhale time:	Seconds	Pause time: Seconds
2.4	Oscillation:	On / Off	Frequency: + Hz	Amplitude: cmH ₂ O	
2.5	Number of cycles:	+ Hz	Amplitude: cmH ₂ O		
2.6	Post Therapy Breath:	On / Off			

Preset 3		Therapy presets – N.B. any presets not completed below will be left on the factory default settings				
Prescription for		E70 Auto		E70 Auto Advanced		
3.1	Cough-Trak: (insp. trigger)	On / Off		<small>(if Cough-Trak is 'On', tick 'N/A' for pause time)</small>		
3.2	Settings in 3.2 only applicable to E70 Auto advanced. If prescription is for E70 Auto, please move to 3.3	Pre Therapy Breath:	On / Off		Pre Therapy Flow:	Low / Med / High
		Pre Therapy Breaths:			Pre Therapy Time:	Seconds
		Pre Therapy Pressure:			Pause time:	Seconds
		Number of cycles:				
3.3	Number of coughs:	(1-15)				
	Inhale pressure:	+	cmH ₂ O	Inhale time:	Seconds	
	Exhale pressure:	-	cmH ₂ O	Exhale time:	Seconds	
3.4	Oscillation:	On / Off		Frequency:	+ Hz	
3.5	Number of cycles:	+	Hz	Amplitude:	cmH ₂ O	
3.6	Post Therapy Breath:	On / Off				
4	Menu access:	Full / Limited		Detailed therapy view:	On / Off	
5	Adult masks:	S / M / L		Paediatric mask:	Neonatal / Infant / Child	
	Other:	Mouthpiece / Trach		Tubing:	6ft / 9ft	
6	Prescribing Healthcare Professional/Establishment					
	Name:					
	Hospital:					
	Clinician signature:					
	Referring Consultant:		Position:			
	Telephone:		Date:			
7	To be completed if English is NOT spoken by the patient					
	Language spoken:					
	Interpreter:	Yes / No	Patient representative:	Yes / No		
	Representative name:					
	Relationship to patient:					
	Telephone:					
	Patient signature:		Date:			
<i>I confirm that the above declared representative can be contacted by Philips Respironics to speak on my behalf.</i>						

