



MAIN LOCATION
 26834 LAWRENCE
 CENTER LINE, MI 48015
 586-755-2300/1-888-BINSONS
 www.binsons.com

VENTILATION FOLLOW-UP

Patient Name: _____ Account Number: _____
 Phone: _____ Date of Birth: _____ Diagnosis: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Allergies: _____
 History of Infectious Disease: Yes No If yes, please describe: _____
 HHC Agency: _____ HHC Phone: _____
 ER Contact: _____ ER Phone: _____
 Advance Directives? Yes No **PATIENT EDUCATED ON TREATMENT AND DISEASE MANAGEMENT**

OXYGEN No Change Change

Concentrator Serial # _____
 Liquid H-Tank
 Liter Flow: _____ Hours per Day: _____
 Portable Oxygen Equipment Hours: _____
 Ambulation Emergency Back-Up
 Oxygen Conserving Device

VENTILATOR SETTINGS No Change Change

Serial # _____ Equipment Hours: _____
 Trilogy LTV Other _____
 Mode: AC SIMV CV PC AVAPS Other: _____
 Tidal Volume: _____ F102 _____ %
 AVAPS Rate: _____
 Respiratory Rate: _____ PEEP: _____
 Inspiratory Time: _____ Insp. Pressure: _____
 Pressure Support _____
 Circuit Temp: _____ Cuff Pressure: _____
 Rise Time: _____
 Low Pressure Alarm: _____ High Pressure Alarm: _____
 Other Alarms: _____
 Spontaneous: VT _____ MV _____ PIP _____ MAP _____

AUSCULTATION No Change Change

Clear/Bilateral
 Rales RT LT Bilateral
 Crepitant RT LT Bilateral
 Wheezing RT LT Bilateral
 Diminished RT LT Bilateral

MENTAL STATUS No Change Change

Lethargic Agitated Oriented
 Comatose Depressed Disoriented
 Alert Other Explain): _____

FUNCTIONAL LIMITATIONS Activities Permitted

No Change Change

Bed Bound Cane Crutches
 Walker No Restrictions

LIVING CONDITIONS Living Arrangements

No Change Change

Alone With Spouse With other
 Unusual Home Environment: _____

DATABASE OUTCOME

Any infections since last visit? Yes No
 If yes, describe _____
 Has patient been hospitalized or had an ER visit since the last assessment? Yes No
 If yes: Date _____ Duration of infection: _____
 Admission Reason: _____

Notes:

Patient Representative: _____ Date: _____ Binson's Representative: _____ Date: _____