

**CPAP Order Explanation**

Dear Sleep SMART site teams,

Some Sleep SMART intervention arm subjects discharged to outside facilities (e.g., nursing home, assisted living, or inpatient rehabs) have not been allowed to use their aCPAP devices. To avoid this situation, we ask that you provide a written order for aCPAP for all subjects (in the intervention arm) being discharged to any location but home. To assist you with this, we have provided a template order on the second page of this document.   
  
**To complete this order, please**:

1. Complete the name and DOB
2. Select the aCPAP machine model (AirSense 10 vs. 11)
3. Select the oxygen requirement (no oxygen for most)
4. Select the mask type (mask being used by subject)
5. Select chin strap if provided

Please also feel free to edit this template as required. If you have your own template that you prefer, please feel free to use it.

Thank you!

Sleep SMART team

**Order for Automatically Adjusting Continuous Positive Airway Pressure (aCPAP)**

**Patient Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: (mm/dd/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dx:** obstructive sleep apnea G47.33

**Duration:** 6 months

**Device:**  ResMed AirSense 10 AutoSet  ResMed AirSense 11 AutoSet

**Minimum Auto CPAP pressure cm of water:** 5

**Maximum Auto CPAP pressure cm of water:** 20

**Pressure relief:** Yes

**Supplemental oxygen flow:**

No Oxygen 0.5 LPM 1LPM 2LPM 3LPM 4LPM

**Heated humidification with humidifier chamber:** Yes

**Mask:**

Full face mask Nasal/nasal cushion mask Nasal pillows

**Tubing:** Heated (ResMed ClimateLine/ClimateLineAir)

**Additional supplies:**

Chinstrap Headgear

**Special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**