

Mechanical cough device prescription sheet

Patient sticker



Date: _____

Patient consent:

| | |
|---|--|
| Contraindications checklist: Undrained pneumothorax Susceptibility to pneumothorax or pneumo-mediastinum Unstable angina /Acute MI Known intracranial aneurysm | Cautions checklist: Sternum #/ facial #/ flail segment Surgical emphysema Bronchospasm/Tachypnoea/High FiO ₂ requirement Recent head trauma – risk of raised ICP Max/fax surgery where an oral flap is used <6 weeks post anastomosis surgery Gastric distention /nausea Cardiovascular System Instability (hypotension, arrhythmias) Large airway carcinoma /Unexplained haemoptysis |
|---|--|

Contraindications / cautions? Yes/No*.....signed

If yes please check with Consultant or registrar before using cough device. Discussed with Dr.....

If you are unable to interpret clinical presentation (CXR, etc) to rule out contraindications/cautions consider discussing initiation of treatment with senior medical staff.

Cough device*: Nippy Clearway / E70 Cough Assist / Original Cough Assist *
delete/circle as appropriate

Mode: Preset: 1 2 3 (E70 - please circle)

Inhale pressure:.....cmH₂O Exhale pressure:.....cmH₂O

Inhale time:.....secs Exhale time:.....secs

Pause:.....secs Interface: Trachy / face mask / mouthpiece*

Vibrations/Oscillations: ON/OFF/n/a*

| Clearway* | E70 Cough Assist* |
|---|---|
| Inhale: Oscillations: OFF / 25% / 50% / 75% / Max Exhale: Oscillations: OFF / 25% / 50% / 75% / Max + 2 Post Exs. Breaths ON / OFF* Cycle repeat: Ins repeat: | Vibrations: Inhale / Exhale / Both* Frequency:.....Hz; Amplitude:..... cmH ₂ O |

Comments:

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Treatment record

| Date / sign Time | Patient consent? | No / Cycles | Secretions? Comments |
|---------------------|---------------------|-------------|-------------------------|
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