



PHILIPS

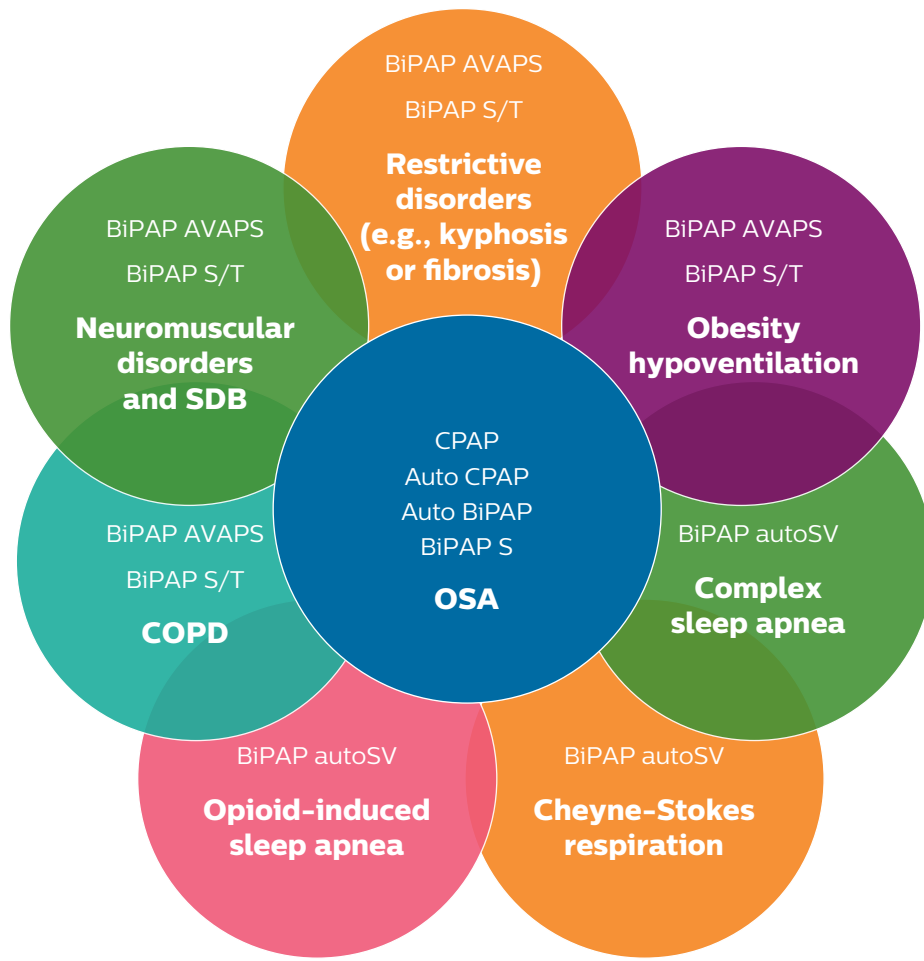
RESPIRONICS

DreamStation

Titration protocol reference guide

The suggested guidelines are intended to serve only as a reference. They should be used only in conjunction with the instructions and/or protocol(s) set forth by the physician and institution in which the assist device is being used. The guidelines are not intended to supersede established medical protocols. These protocols are recommended for adult patients only.

Patient types



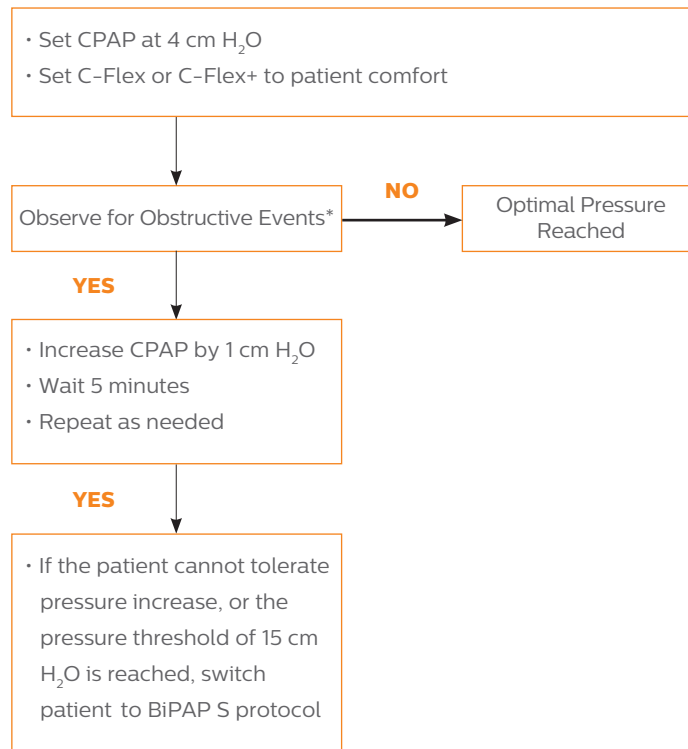
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General titration considerations

Consider the following checks to help meet the needs of each patient during titration.

1. Keep the airway open (airway management).
2. Stabilize breathing patterns by monitoring the patient's response to therapy.
3. Adjust user set parameters as needed for optimal therapy efficacy and adherence.
4. Ensure proper mask fit to enhance comfort and acceptance and to minimize leaks.
5. Have patient lie down and breathe on the designated therapy device at the basic settings described with each protocol.
6. Recheck mask fit, assure patient comfort and acceptance.
7. Adjust flex features to patient comfort.

Suggested titration protocol for CPAP¹



Your sleep center's titration notes:

Note:

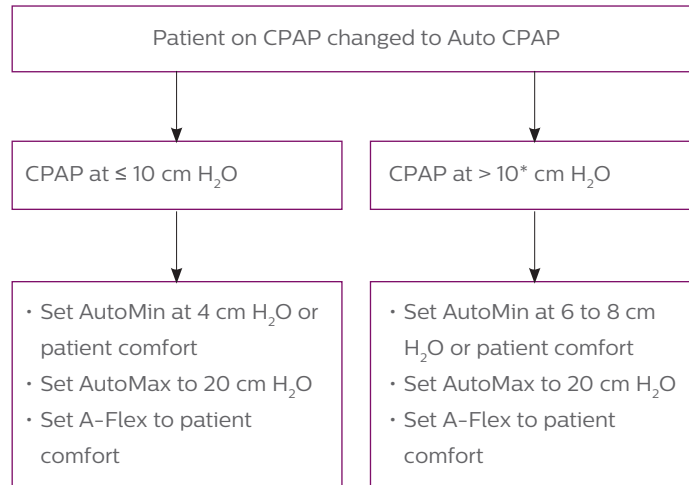
- Establish initial settings as indicated or as ordered by physician
- Initial CPAP settings may be adjusted to patient condition or severity
- C-Flex or C-Flex+ may be adjusted to patient comfort
- If central apneas are observed consider decreasing pressure for 20 minutes; if still present consider switching to BiPAP autoSV protocol

*Obstructive Event:

- ≥ 2 obstructive apneas, or
- ≥ 3 hypopneas, or
- ≥ 5 RERAs, or
- ≥ 3 min of loud, definite snoring¹

¹AASM Task Force. *Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea*. JCSM, Vol 4, No.2, 2008.

Suggested titration protocol for Auto CPAP¹



Your sleep center's titration notes:

Note:

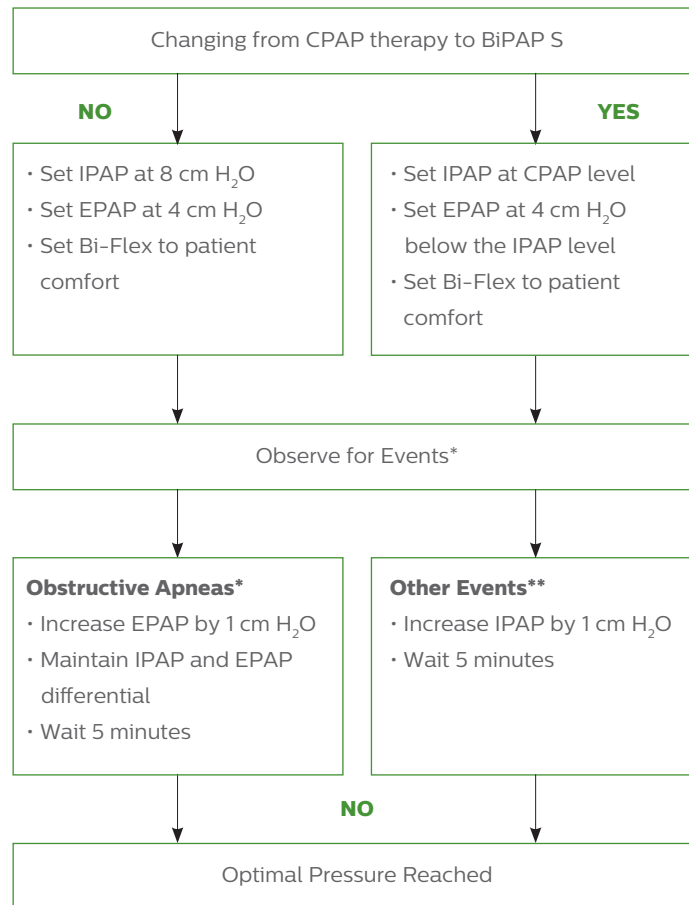
- Establish initial settings as indicated or as ordered by physician
- Initial Auto CPAP settings may be adjusted to patient condition or severity
- A-Flex may be adjusted to patient comfort
- If central apneas are observed consider switching to BiPAP autoSV protocol

*If multiple obstructive events are observed at the beginning of the study use a higher AutoMin

¹AASM Task Force. *Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea*. JCSM, Vol 4, No.2, 2008.

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Suggested titration protocol for BiPAP S¹



Your sleep center's titration notes:

Note:

- Establish initial settings as indicated or as ordered by physician
- Initial BiPAP S settings may be adjusted to patient condition or severity
- Bi-Flex may be adjusted to patient comfort
- If central apneas are observed consider decreasing pressure for 20 minutes; if still present consider switching to BiPAP autoSV protocol

***Obstructive Event:**

≥ 2 obstructive apneas

****Other**

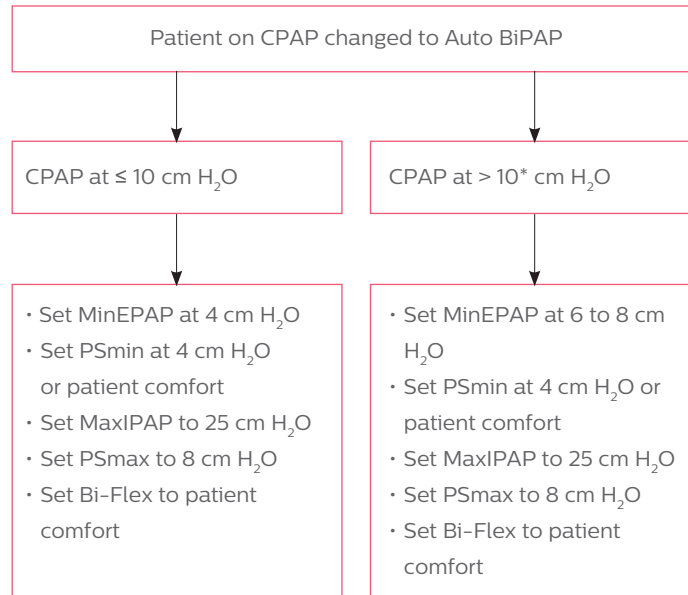
≥ 3 hypopneas, or

≥ 5 RERAs, or

≥ 3 min of loud, definite snoring¹

¹AASM Task Force. *Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea*. JCSM, Vol 4, No.2, 2008.

Suggested titration protocol for Auto BiPAP¹



Your sleep center's titration notes:

Note:

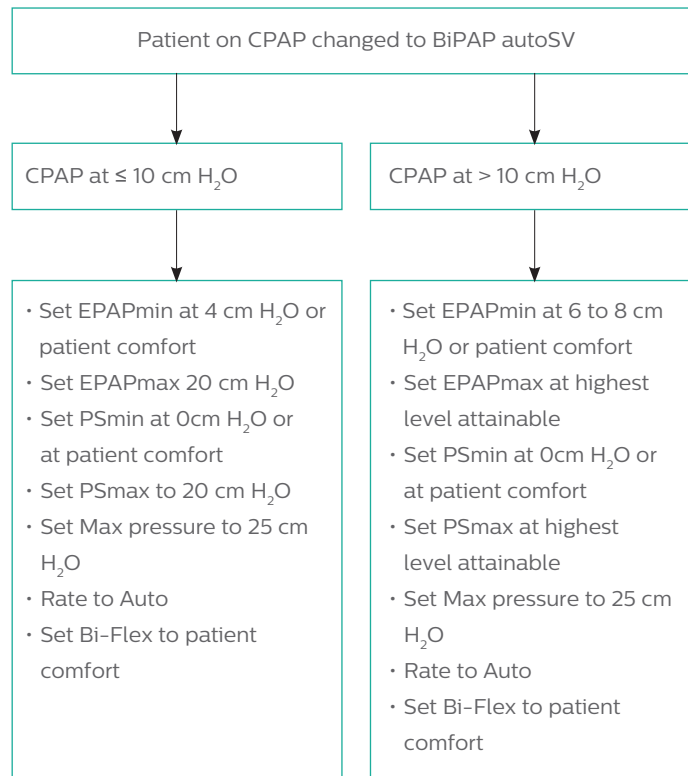
- Establish initial settings as indicated or as ordered by physician
- Initial Auto BiPAP settings may be adjusted to patient condition or severity
- Bi-Flex may be adjusted to patient comfort
- If central apneas are observed consider switching to BiPAP autoSV protocol

*If multiple obstructive events are observed at the beginning of the study use a higher MinEPAP

¹AASM Task Force. *Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea*. JCSM, Vol 4, No.2, 2008.

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Suggested titration protocol for BiPAP autoSV¹



Your sleep center's titration notes:

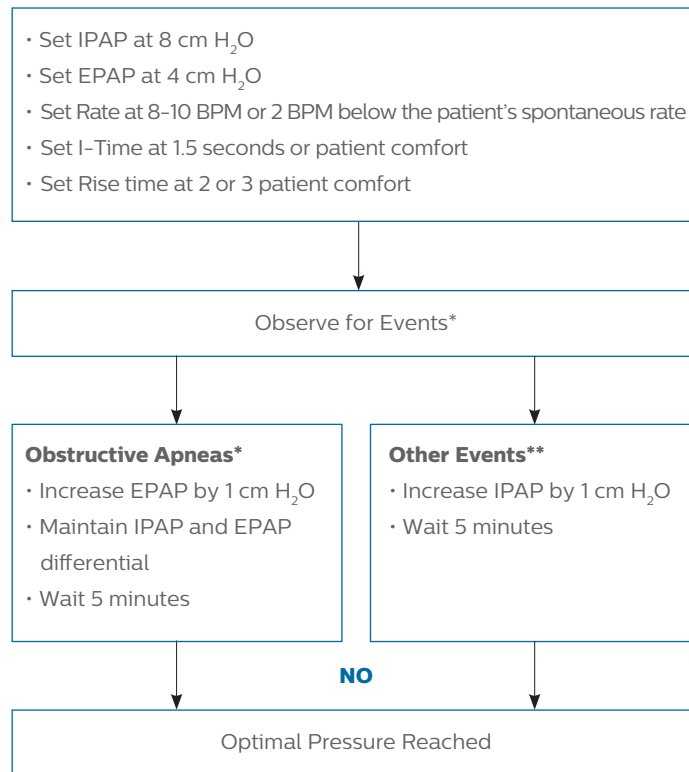
Note:

- Establish initial settings as indicated or as ordered by physician
- Initial BiPAP autoSV settings may be adjusted to patient condition or severity
- Bi-Flex may be adjusted to patient comfort
- If numerous hypopneas are noted, maintain PS > 4 cm H₂O

*If multiple obstructive events are observed at the beginning of the study use a higher EPAPmin

¹AASM Task Force. *Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea*. JCSM, Vol 4, No.2, 2008.

Suggested titration protocol for BiPAP S/T¹



Your sleep center's titration notes:

Note:

- Establish initial settings as indicated or as ordered by physician
- Initial BiPAP S/T settings may be adjusted to patient condition or severity
- I-Time may be adjusted to patient comfort
- Consider supplemental O₂ if SpO₂ <88% or <90% at optimal PS and RR for 5 min

***Obstructive Event:**

≥ 2 obstructive apneas

****Other**

≥ 3 hypopneas, or

≥ 5 RERAs, or

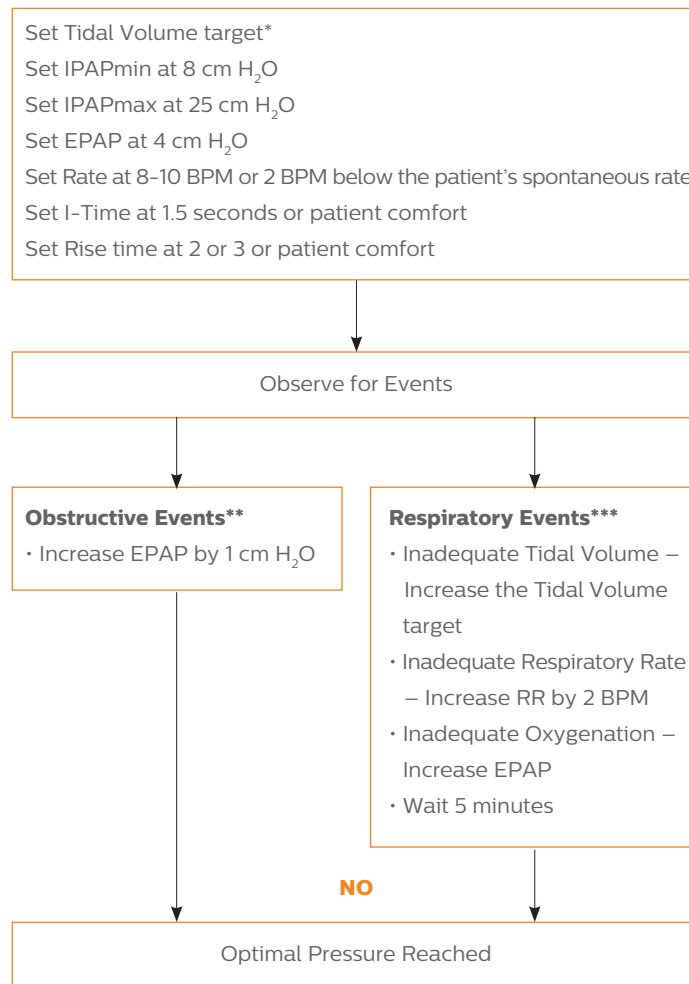
≥ 3 min of loud, definite snoring

Respiratory Event:

Appearance of or worsening of hypoventilation during sleep

¹AASM Task Force. *Best Clinical Practices for the Sleep Center Adjustment of NPPV in Stable Chronic Alveolar Hypoventilation Syndromes*. JCSM, Vol 6, No.5, 2010.

Suggested titration protocol for BiPAP AVAPS¹



Your sleep center's titration notes:

***3 ways to choose a starting tidal volume with AVAPS:**

1. MD suggestion
2. Patient comfort
3. Ideal body weight: 8 ml/kg*

*AVAPS suggested tidal volume settings based on height and ideal weight.

height	59"	61"	63"	65"	67"	69"	71"	73"	75"
ideal weight	52.0 kg	55.5 kg	59.0 kg	62.5 kg	66.5 kg	70.5 kg	74.5 kg	78.5 kg	83.0 kg
8 ml/kg VT	420 ml	440 ml	470 ml	500 ml	530 ml	560 ml	600 ml	630 ml	660 ml

Note:

- Establish initial settings as indicated or as ordered by physician
- Initial BiPAP AVAPS settings may be adjusted to patient condition or severity
- I-Time may be adjusted to patient comfort
- Consider supplemental O₂ if SpO₂ <88% or <90% at optimal PS and RR for 5 min.

****Obstructive Event:**

- > 2 obstructive apneas,
- > 3 hypopneas, or
- > 5 RERAs, or
- > 3 min of loud, definite snoring

*****Respiratory Event:**

Appearance or worsening of hypoventilation during sleep

¹AASM Task Force. *Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea*. JCSM, Vol 4, No.2, 2008.

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Sample prescriptions for DreamStation Sleep Therapy devices

Auto CPAP HCPCS E0601

DreamStation Auto CPAP with Flex
 Min Pressure: _____cmH2O (4-20)
 Max Pressure: _____cmH2O (4-20)

Opt-Start: ON
 Flex Pressure Relief: ON
 Heated tube
 Oximetry

Fixed CPAP HCPCS E0601

DreamStation CPAP Pro with Flex
 CPAP-Check Mode: Pressure: _____cmH2O (+/-3cmH2O)
 CPAP Mode: Pressure: _____cmH2O (4-20)
 EZ-Start: On
 Flex Pressure relief: ON
 Heated Tube
 Oximetry

Fixed CPAP with Auto-Trial HCPCS E0601

DreamStation CPAP Pro with Flex
 Auto-Trial Mode To: CPAP 90%
 CPAP-Check 90% (+/-3cmH2O)
 Duration: _____Days
 Min Pressure: _____
 Max Pressure: _____
 Flex Pressure Relief: ON
 Heated tube
 Oximetry

Auto Bilevel (no rate) HCPCS E0470

DreamStation Auto BiPAP with Flex
 Max IPAP: _____cmH2O (4-25)
 Min EPAP: _____cmH2O (4 to Max IPAP)
 (Min EPAP must be equal to or lower than Max IPAP)
 Min PS: _____cmH2O (0-8)
 Max PS: _____cmH2O (PS Min to 8)
 Flex Pressure Relief: ON
 Heated tube
 Oximetry

Fixed Bilevel (no rate) HCPCS E0470

DreamStation BiPAP Pro with Flex
 Fixed BiPAP mode
 IPAP: _____cmH2O (4-25)
 EPAP: _____cmH2O (4-25)
 Flex Pressure Relief: ON
 Heated tube

autoSV Bilevel (with rate) HCPCS E0471

DreamStation BiPAP autoSV with Flex

	Default Settings
Min EPAP: _____cmH2O (4-25)	4
Max EPAP: _____cmH2O (4-25)	15
Min PS: _____cmH2O (0-21)	0
Max PS: _____cmH2O (0-21)	15
Max Pressure: _____cmH2O (25)	25
Breath Rate: _____BPM (Auto, 4-30, Off)	Auto
Ramp Time: _____min(s) (off-45)	

Flex Pressure Relief: ON
 Heated tube
 Oximetry

Bilevel (with rate) HCPCS E0471

DreamStation BiPAP S/T
 Bilevel S/T Mode
 IPAP: _____cmH2O (4-30)
 EPAP: _____cmH2O (4-30)
 Breath Rate: _____BPM (off, 1-30)
 I Time (Ti): _____0.5-3.0 seconds
 Ramp Time: _____min(s) (off-45)
 Rise Time: _____(1-6)
 Heated tube

DreamStation BiPAP AVAPS
 Mode: S/T T PC
 IPAPmin: _____cmH2O (4-30)
 IPAPmax: _____cmH2O (4-30)
 EPAP: _____cmH2O (4-30)
 Tidal Volume (VT_e): _____mL (200-1500 mL)
 Breath Rate: _____BPM (off, 1-30)
 I Time (Ti): _____0.5-3.0 seconds
 Ramp Time: _____min(s) (off-45)
 Rise Time: _____(1-6)
 Heated tube
 Oximetry



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