

NIV Daily Safety Checks & Post-Usage Daily Checklist

Full Name:.....
 Address:.....

 HCR.....
 DOB:.....

Patient Details

Diagnosis/ Indication for NIV:

NIV: CPAP BIPAP

Settings: Pressure: Mode: Mask Type: Avatar Nasal Amara

Daily Safety Checks

| Date | Water Change performed | Mask cleaned Daily | Check mask fit <i>(Snug not tight)</i> <u>Place on patient when patient awake</u> | Check device is displaying prescribed pressures | Check skin is intact | Signature & NMBI |
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Post-Usage Daily Checklist

| Date | Hours of usage per night | Snoring/gasping heard during usage? | Restlessness? | Machine Alarms? | Sleep Hygiene Promoted? <i>(comment on bedtime)</i> | Other Issues | Signature & NMBI |
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Weekly Cleaning – as per manufacturer's Instructions

| Date | Tubing | Water Chamber | Filter <i>(Cleaned Monthly)</i> | Signature & NMBI |
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