

NIV Daily Safety Checks & Post-Usage Daily Checklist Respiratory Department

Full Name:

Address:

HCR:.....

DOB: __/__/__

Patient Details

Diagnosis/ Indication for NIV:

NIV: CPAP BIPAP

Settings: Pressure: Mode:

Daily Safety Checks

Date	Water Change performed	Mask cleaned	Check mask fit <i>Place on patient when patient awake</i>	Check device is displaying prescribed pressures	Check skin is intact	Signature & NMBI

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