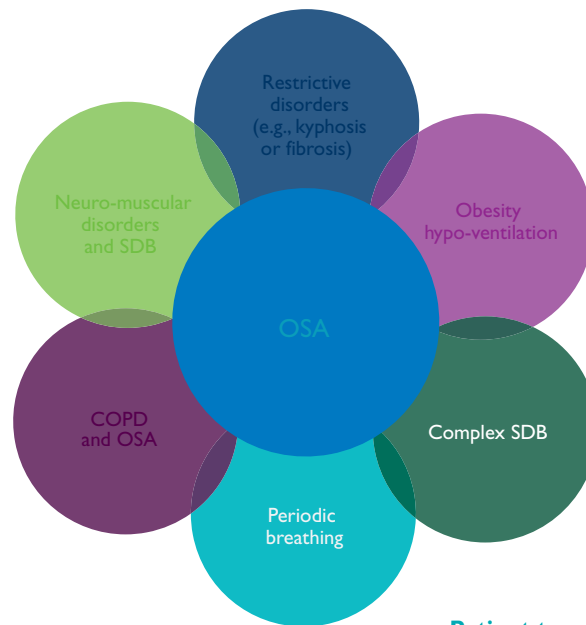




# BiPAP autoSV Advanced

Protocol for periodic and complex breathing



- BiPAP autoSV Advanced is designed for patients who have mixed apneas, complex apnea, periodic breathing or central apnea.
- BiPAP autoSV Advanced provides three types of support:
  - An auto-titrating EPAP to prevent airway collapse during OSA events
  - Automatically calculated back-up rate for central apneas
  - Pressure support ventilation during periods of hypoventilation
- Settings for BiPAP autoSV Advanced:
  - Rate
  - Rise time
  - Inspiratory time
  - EPAP<sub>min</sub> = minimum expiratory pressure
  - EPAP<sub>max</sub> = maximum expiratory pressure
  - PS<sub>min</sub> = minimum pressure support
  - PS<sub>max</sub> = maximum pressure support
  - Max pressure = maximum pressure level
- Reimbursement:
  - Rule out CPAP as effective therapy if either CSA or OSA is a component of the sleep-associated hypoventilation.

**PHILIPS**

**RESPIRONICS**

# Titration protocol for BiPAP autoSV Advanced for periodic and complex breathing

GOAL: Adjust user set parameters for optimal efficacy and adherence

Acclimation zone

Set mode to BiPAP autoSV Advanced

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- Establish initial settings as indicated below
- Ensure proper mask fit to allow algorithm to work effectively
- Have patient breathe on autoSV Advanced at basic settings below
- Adjust PS<sub>min</sub>, Bi-Flex and EPAP<sub>min</sub> settings to patient comfort

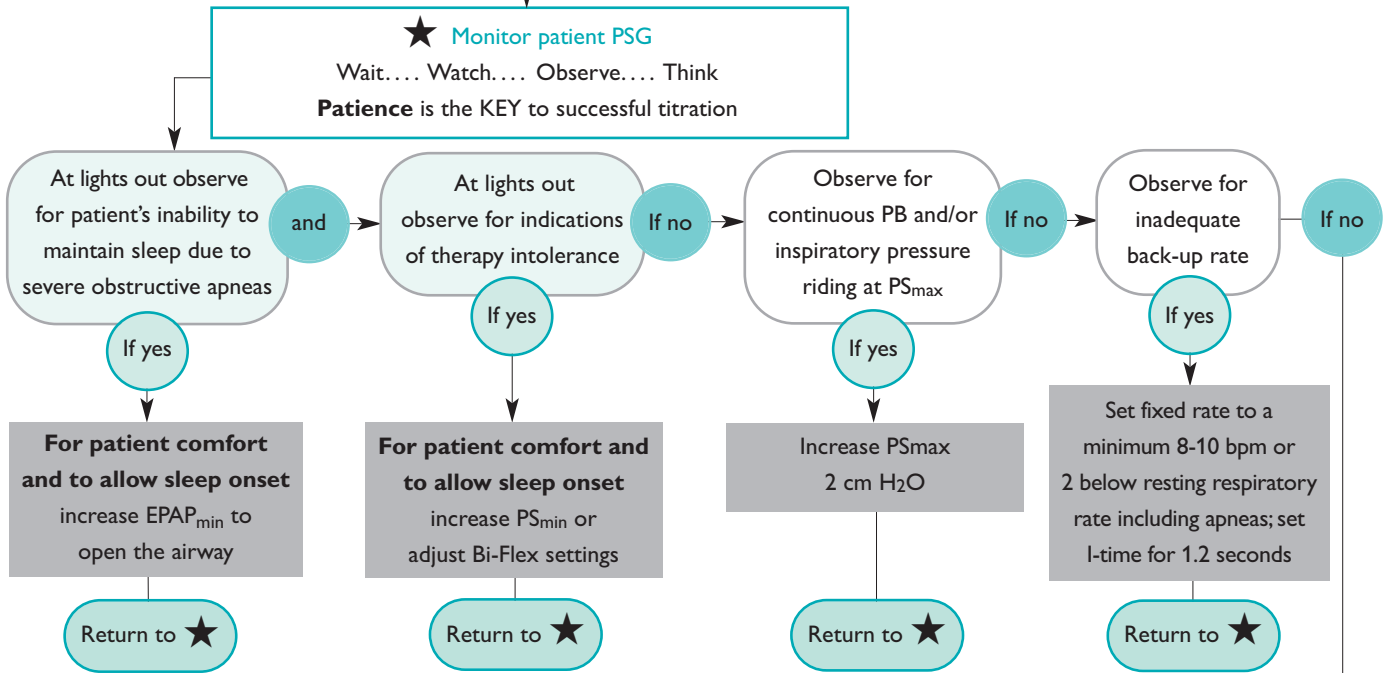
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EPAP <sub>min</sub>	4 cm H <sub>2</sub> O*	Max pressure	30 cm H <sub>2</sub> O
EPAP <sub>max</sub>	15 cm H <sub>2</sub> O	Rate	auto
PS <sub>min</sub>	0 cm H <sub>2</sub> O	Bi-Flex	2 or 3
PS <sub>max</sub>	15 cm H <sub>2</sub> O		

\*If pt has known CPAP pressure of < 10 set EPAP<sub>min</sub> at 4 cm H<sub>2</sub>O or patient comfort

\*If pt has known CPAP pressure of > 10 set EPAP<sub>min</sub> at 6-8 cm H<sub>2</sub>O or patient comfort

Titration zone



Prescription zone

BiPAP autoSV Advanced prescription

EPAP <sub>min</sub>	=	_____ cm H <sub>2</sub> O	Rate	=	Auto or _____ BPM
EPAP <sub>max</sub>	=	_____ cm H <sub>2</sub> O	I-Time	=	_____ sec (with fixed rate only)
PS <sub>min</sub>	=	_____ cm H <sub>2</sub> O	Rise time/Bi-Flex	to patient comfort	
PS <sub>max</sub>	=	_____ cm H <sub>2</sub> O	Interface:	_____	
Max pressure	=	_____ cm H <sub>2</sub> O	This protocol is recommended for adult patients only.		

IMPORTANT: Guidelines are intended to serve only as a reference. They shall be used only in conjunction with the instructions and/or protocol 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.

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CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

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