



Inter-facility Transfer Ventilator Settings



Patient Name: _____

Date of Birth: ____ / ____ / _____

	CMC SETTINGS	BANGS SETTINGS	CHANGES EN ROUTE
<i>ET size/ Depth</i>	____ mm ____ cm at lip		
<i>Mode</i>	____ AC ____ SIMV ____ Pressure AC ____ Pressure SIMV ____ CPAP/BIPAP		
<i>Inspiration Time</i>			
<i>FiO2%</i>			
<i>Breaths Per Minute</i>			
<i>PEEP/CPAP Setting (cm)</i>			
<i>PIP setting</i>			
<i>Vt mL setting</i>			
<i>Pressure Support (cm)</i> <i>Trigger Sensitivity (cm H2O)</i>			

Respiratory Therapist

Contact Number

(____) ____ - _____