

iVent 20I Ventilator Patient Care Encounter Evaluation Form

Instructions for Use

Cover Page

- Provide your hospital's name, as well as the name and hospital title of the person completing the evaluation form.
- **Patient Identifier**: Provide a unique identification number for this patient. This identification number can be the patient's medical record number, or another unique patient identifier.
 - Once the patient identifier for the patient is established, please record this number in the appropriate area on the top right corner of each page.
- **Dates of this patient care encounter (PCE)**: Record the **date that the patient was intubated** and the **date that the patient was extubated**. Dates should be in an MM/DD/YY format.
 - **Definition of patient care encounter (PCE)**: One patient care encounter event begins at intubation and ends at extubation on the Versamed iVent 20I ventilator.
 - **If a patient is intubated and extubated on the iVent 20I ventilator more than once**, please fill out a separate encounter form for each event, but use the same medical record number or other unique identifier for this patient.

Patient Care Encounter Summary (Questions 1 – 8)

Question # 1: Check the appropriate box(es) for **each patient care setting** in which the ventilator was used during this encounter.

- If there is another patient care setting (unit) in which the ventilator was used that is not listed, check "Other Unit" and provide the name of the additional unit.

Question # 1a: For the patient care settings indicated in Question # 1, circle "Initial Use Setting" for the setting where the ventilator was first used.

Question # 2: For each patient care location indicated in Question # 1, list the number of hours that the patient was on the ventilator in each of these patient care settings. **Total time in each patient care setting should be rounded up to the nearest hour. Do not list minutes of use.**

Question # 3: Sum all of the hours for the patient care settings indicated in Question # 2. **The total number of patient care hours should be rounded up to the nearest hour. Do not list minutes of use.**

Include any comments, if applicable, regarding the patient care settings and hours used.

Question # 4: Indicate the population group to which the patient belongs.

Question # 5: Indicate the **primary** reason that the patient was placed on the ventilator.

- If the reason is "respiratory failure/ respiratory disease/ ARDS", you should also indicate the underlying cause of ARDS in the appropriate space.

Include any comments, if applicable, regarding the primary reason the patient was placed on the ventilator.

Question # 6: Provide the following clinical indicators **at the time when the condition of the patient was most critical** during this patient care encounter:

- 6a: Fraction of inspired oxygen ($F_{I}O_2$)
- 6b: Positive-end-expiratory pressure (PEEP)
- 6c: Respiratory rate (RR)
- 6d: O_2 saturation (O_2 sat)

Include any comments, if applicable, regarding these patient clinical indicators.

Question # 7: Indicate whether there was any adverse event or outcome that was not primarily related to the natural course of the patient's illness or underlying condition **while the patient was on the iVent 20I ventilator**.

Question # 7a: If the response to Question # 7 is "Yes", indicate whether the adverse event or outcome was related to the use of the iVent 20I ventilator?

Include any comments, if applicable, regarding the patient's adverse event or outcome.

Question # 8: Indicate whether the patient expired or survived at the end of the time that the patient was ventilated on the Versamed iVent 20I ventilator.

- **If the patient expired**, go to Question # 8a, 8b & 9.
- **If the patient survived**, go to Question # 8c.

Question # 8a: If the patient expired, indicate whether the patient was "Do Not Resuscitate" ("DNR") status during any time that the patient was on the ventilator.

Question # 8b: If the patient expired, indicate the **primary** cause of death.

- If the primary cause of death is "respiratory failure/ respiratory disease/ ARDS", indicate the underlying cause of ARDS in the appropriate space.
- If the primary cause of death is not listed, check "Other" and state the cause in the appropriate space.
- If the primary cause of death was unknown at the time this form is completed, please check the appropriate space.

Question # 8c: If the patient survived, indicate if the patient was placed on another ventilator immediately after removal from the Versamed iVent 20I ventilator.

Question # 9: If response to Question # 8c is "Yes", indicate the reason why the patient was placed on another ventilator.

- **If the reason is "iVent 20I failure", you are REQUIRED to:**
 - **Provide specific details in the comments section regarding the iVent 20I failure on this patient.**
 - **Notify DOHMH at 212-788-4242 within 72 hours of the event.**
- If the reason is not one of the choices stated, choose the "Other" option and fill-in the appropriate reason.

Include any comments, if applicable, regarding why the patient was placed on another ventilator

Ventilator Use and Operation (Questions 10 - 13)

- Each of the following questions addresses statements that begin **“During this patient care encounter when the patient was being ventilated by the Versamed iVent 201 ventilator:”**

Questions # 10 & 10a: Indicate whether positive-end expiratory pressure (PEEP) was used on this patient.

If the response to Question # 10 is “Yes”, respond to Question # 10a.

If the response to Question # 10 is “No”, enter a comment at the bottom of the section.

Questions # 11 & 11a: Indicate whether the iVent 201 ventilator was used for nebulized medications on this patient.

If the response to Question # 11 is “Yes”, respond to Question # 11a.

If the response to Question # 11 is “No”, enter a comment at the bottom of the section.

Question # 12: Indicate whether ventilator alarms were visible/audible enough to elicit appropriate and timely staff response.

If the response to Question # 12 is “No”, enter a comment at the bottom of the section.

Question # 13a: Indicate whether any problems were observed with the ventilator tubing or circuits.

If the response to Question # 13a is “Yes”, enter a comment at the bottom of the section.

Question # 13b: Indicate whether any problems were observed with the sensor that was provided with the ventilator.

If the response to Question # 13b is “Yes”, enter a comment at the bottom of the section.

General Comments About Ventilator Use During This Patient Care Encounter

- Provide any additional comments that are pertinent to this patient care encounter on the iVent 201 ventilator.