



Welcome To The Pulmonary Solutions Family!!!

Orientation Handbook

For Your Sleep & Respiratory PS Cares Program



DEAR VALUED CUSTOMER:

Welcome to Pulmonary Solutions!

Whether this is your first time starting your respiratory equipment therapy, or you are upgrading to new equipment, we at Pulmonary Solutions are truly dedicated to providing you with the best equipment, education and support you need to make your therapy successful. This booklet is designed to provide written instructions / guidelines given to you at the time of set-up as well as other information you will find helpful.

Prescription:

Date of Delivery: _____

Model Number: _____

Serial Number: _____

Pressure Setting:

- ☐ CPAP _____cmH20
- ☐ Auto CPAP _____ - _____cmH20
- ☐ Auto Bi-Level _____ - _____cmH20
- ☐ Bi-Level (I) _____ cmH20 (E) _____cmH20
- ☐ Bi-Level Back-Up Rate (I) _____ cmH20 (E) _____cmH20 _____bpm
- ☐ Bi-level SV (I) min _____cmH20 (I) max _____cmH20 - (E) _____cmH20 back up rate _____bpm
- ☐ Bi-Level AVAPS (I) min _____ (I) max _____ (E) _____ TV _____CC
- ☐ Ventilator (NIV) Settings:
- ☐ Oxygen _____lpm
- ☐ Nebulizer
- ☐ Mask & Accessories _____ Size _____

If your doctor changes your pressure settings, please notify Pulmonary Solutions as soon as possible. Our goal at Pulmonary Solutions is to help this new way of therapy be a positive experience for you. Please do not hesitate to contact us should you have any problems, questions or concerns.

Sincerely,
Pulmonary Solutions

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Organization Objectives

Pulmonary Solutions is a home care organization dedicated to providing comprehensive home care services to referred patients with the utmost quality and professionalism. Pulmonary

Solutions accepts only patients whose home health needs, as identified by the referral source, can be met by treatment and/or services offered by this organization.

Our Services Include:

- Home Respiratory Medical Equipment
- 24 hour, after hour assistance is available to our patients through the toll free phone number **(877) 269-0154**

Reimbursement Assistance: Pulmonary Solutions accepts the following sources of payment for services:

- Medicare
- Private Insurances
- Visa
- Master Card
- Discover
- Debit- ATM Card
- Cash
- Personal Check

Discharge Assistance: We work with physicians and/or discharge planners to ensure smooth transitions from hospital care to home care.

Patient Instruction and Training: A trained staff of home care professionals ensures that each patient is trained on the operation and care of equipment.

Patient Assessment: Trained staff meets with and assesses the needs of the patient with respect to the services and equipment provided. Patients are monitored and assessed according to the plan of Service and updated to ensure care that is timely and current.

Delivery Service: Delivery service, set-up and patient instruction are provided free of charge to the customer when going through your health insurance.

Consultations: Staff professionals will meet, as required, with referral personnel or with patients and/or families to facilitate any matter involving home care treatment or service.

Geographic Scope of Service: Pulmonary Solutions provides services to the entire Bay Area, Northern, Central California and our most recent expansion to Las Vegas, NV.

Hours of Operation: Generally Pulmonary Solutions hours of operation are the following:

- Monday – Friday: 9:00 AM – 5:00 PM
- Saturday – Sunday: Closed – 24 Hour on Call

Pulmonary Solutions is staffed by professionals and specialists who are dedicated and take exceptional pride in the care and service that they provide.

These Include:

- Respiratory Therapists
- Registered Polysomnography Technicians
- Polysomnography Technicians
- Equipment Specialist Technicians

PRIVACY NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU THAT MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

PULMONARY SOLUTIONS LEGAL DUTY

Pulmonary Solutions is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Pulmonary Solutions uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Pulmonary Solutions may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health-related benefits that could be of interest to you. Pulmonary Solutions may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Pulmonary Solutions policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. Pulmonary Solutions may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the office area and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Pulmonary Solutions will consider all such requests on a case-by-case basis, but Pulmonary Solutions is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Pulmonary Solutions may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact us at the below address. You may also send a written complaint to the US Department of Health and Human Services. Please contact the below organizations if you feel the need to contact them regarding Pulmonary Solutions

Medicare: (866) 243-7272

Medi-Cal: (800) 541-5555

The Joint Commission: (630) 792-5900 or Complaint Hotline/Public information

Pulmonary Solutions

Attention: Corporate Compliance Officer

P.O. BOX 34480

Las Vegas, NV 89133

Phone (877) 290-8636 Ext 835

Bill of Rights

As an individual receiving home care services from Pulmonary Solutions, you have the following rights:

1. To select who you would like to provide your home care services.
2. To be provided legitimate identification by any person or persons entering your residence to provide home care for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, psychosocial state, physical or mental handicap, or personal culture and ethnic preferences.
4. To be promptly informed if the prescribed care or services are not within scope, mission or philosophy of Pulmonary Solutions, and therefore be provided with transfer assistance to an appropriate care or service organization.
5. To be treated with courtesy, respect and friendliness by every individual representing Pulmonary Solutions that provides treatment or services to you. To be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
6. To have your confidentiality, privacy, safety, security and property respected at all times. Confidential information shall not be released without written consent.
7. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
8. To be provided with adequate information from which you can give your informed consent for the delivery, continuation, transfer and termination of service.
9. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
10. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the legal responsibilities of medical disclosure.
11. To receive care and services within the scope of your health care plan, promptly and professionally while being fully informed as to Pulmonary Solutions policies, procedures and charges.
12. To refuse care, within the boundaries set by law, and receive professional information relative to the consequences that may result due to such refusal.
13. To request and receive data regarding services and costs privately and with confidentiality.
14. To request and receive the opportunity to examine and review your medical records.
15. To formulate and have honored by all health care personnel an Advance Directive, Living Will or a Durable Power of Attorney for Health Care, or a Do Not Resuscitate order.
16. The right to review Pulmonary Solutions Privacy Notice.
17. The right to access, request amendment to, receive accounting of disclosures regarding your health information as permitted under applicable law.
18. The right to revoke any previous consent for release of medical information or for obtained consent for media recording or filming.
19. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
20. To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.

21. As a patient of Pulmonary Solutions, you can expect that your reports of pain will be believed and our concerned staff will quickly respond to your concerns by contacting your home health nurse or physician.

Medicare 30 Supplier Standards

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare-covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.

17. A supplier must disclose to the government any person having ownership, financial or control interest in the supplier.
 18. A supplier must not convey or reassign a supplier number i.e., the supplier may not sell or allow another entity to use its Medicare Supplier Billing No.
 19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
 20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint and any actions taken to resolve it.
 21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
 22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
 23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
 24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
 25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation
 26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
- Implementation date- May 4, 2009*
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
 28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
 29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
 30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Equipment and Warranty Notification

Every product sold or rented by our company carries either a 1, 2, 3 years Manufacturer's warranty. Please refer to your equipment manufacturer guide for the details pertaining to your prescribed therapy equipment.

Pulmonary Solutions will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law.

Pulmonary Solutions will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available (standard #6).

Pulmonary Solutions will maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare- covered items we have rented to you (standard #14).

Pulmonary Solutions will accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries (standard #15).

I have been instructed and understand the equipment and warranty coverage on the product I have received.

Beneficiary Signature

Date

Capped Rental and Inexpensive or Routinely Purchased Items Notification for Services on or after January 1, 2006

I received instructions and understand that Medicare defines the Equipment _____ that I received as being either a capped rental or an inexpensive or routinely purchased item.

FOR CAPPED RENTAL ITEMS

☐ Medicare will pay a monthly rental fee for a period not to exceed 13 months after which ownership of the equipment is transferred to the Medicare beneficiary.

Examples of this type of equipment include:

Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizer, suction pumps, and continuous airway pressure (CPAP) devices, Bi- Level devices, patient lifts and trapeze bars.

Medicare will pay a monthly rental fee for a period not to exceed 36 months after which ownership of the equipment is transferred to the Medicare beneficiary. An example of this type of equipment includes: Oxygen concentrator.

After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.

Examples of this type of equipment include:

Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails and traction equipment.

☐ I select the: Purchase Option ____ Rental Option ____

Beneficiary Signature

Date

Importance of Cleaning & Replacing Supplies

Pulmonary Solutions has adapted an educational piece to our follow up and compliance program. This is to educate our staff and customers on the importance of cleaning and replacing your supplies. The need to replace supplies is imperative for a successful therapy experience. Each accessory plays an important role in delivering an effective treatment, as well as increases the lifespan of the PAP unit itself. With every use, every washing these parts of equipment begin to break down and eventually will cease to produce the results that are needed to be efficient. We want to ensure our patients remain healthy, receive the maximum benefits and increase usage additionally improve compliance.

Often times, staff and patients are not aware of why they need new supplies, the orientation handbook provided to our patients outline on the insurances eligibility to replace supplies. The following bullets listed below could occur when supplies do not get replaced at the desired intervals...

- **Filters** – Unchanged disposable & un-cleaned non disposable filters, will allow dust, pollen and other particulates to be blown into a patients airway. Additionally allowing dust and dirt to get inside the inner workings of the machine that will clog up and significantly decrease how long the machine lasts. This means more defective equipment, which leads to more equipment troubleshooting.
- **Humidifier Chamber** - Despite manufacturer & Pulmonary Solutions education, many patients do not use distilled water or clean their chamber daily per recommendations. The chamber provides a warm, dark, moist environment for bacteria to grow, anything else that could grow under those conditions, will do havoc on the lungs. Replacement of the humidifier chamber is highly recommended as it will help to reduce infections that could occur. Additionally some of the humidifier chambers have rubber seals, which over time will break down causing a hidden source for air to leak, and therapeutic pressure to be lost.
- **Tubing** – Over time can stretch out, become worn and potentially develop small holes where air leaks occur reducing the therapeutic pressure being delivered. Additionally inside the tubing is a source where dirt, bacteria, and mold can build up causing the patient a potential illness.
- **Mask [Cushions/Nasal Pillows]** – The mask cushions/pillows are made of silicone. Silicone will begin to oxidize on contact with air; oxidation will cause deterioration, making the cushion lose firmness which is needed for the sealing characteristics of the mask, letting air escape. Dead skin and oil from the face leaves a residue on the mask, this residue build up can lead to skin irritation, blisters and pressure point sores. A lot of times this could end in decreased usage or when the patient chooses not to wear PAP therapy at all. Washing of the mask to reduce this residue build up will cause small cracks and tears; this is a vicious cycle, this is why the insurances have adapted the replacement frequency they do. Insurance covers replacement cushions this often due to the fact a worn-out mask is a potential risk for these problems. A mask that fits and worked wonderfully for the patient in the beginning for a period of time is a key sign you need to replace your mask... **EVENTUALLY THE MASK WILL NOT FIT OR SEAL CAUSING THESE PROBLEMS.** There is no escaping it.
- **Headgear** - Will stretch out, becoming thinner causing the velcro to fray and lose its grip. This is added to the breakdown of the cushion/pillow with the headgear straps having to be tightened more and more to get the same quality seal you previously experienced. Headgear that is tightened again and again may cause facial sores at

pressure point locations, additionally causing headaches, and overall discomfort, resulting in a decline of usage/compliance.

- **Chinstrap** – This will fall in the same characteristic as headgear, overtime the chinstrap will stretch out, becoming more and more uncomfortable or altogether ineffective, and allowing patients to open the mouth during sleep. Opening your mouth during sleep will cause ineffective therapy while the air is escaping the breathing cycle.

Supplies need to be cleaned on a regular basis and replaced based upon the frequency of the insurance in order to prevent a potential illness caused by bacteria growth, or a less than optimum experience due to the breaking down of equipment causing discomfort. Additionally the same goes for oxygen and nebulizer supplies to include oxygen tubing, oxygen cannula, filters, nebulizer administration kit, etc...

Sincerely, Respiratory Therapy Department

| <u>CLEANING SCHEDULE EQUIPMENT</u> | <u>CLEANING FREQUENCY</u> | <u>INSTRUCTIONS</u> |
|--|---------------------------|---|
| NON-DISPOSABLE FILTER (grey) | Weekly | Rinse with water, blot with paper towel, air dry |
| DISPOSABLE FILTER | Monthly | DO NOT WASH |
| PAP TUBING | Weekly | Mild soapy water, rinse, air dry |
| MASK / NASAL PILLOWS | Daily | Mild soapy water, rinse, air dry |
| HEADGEAR | As needed | Hand wash |
| HUMIDIFIER CHAMBER | Daily | Empty water daily, mild soapy water, rinse, air dry |
| CPAP/BI-LEVEL OXYGEN, NEBULIZER OXYGEN CANNULA, TUBING | As needed Monthly | Dust with a damp cloth. NO detergents or sprays Not Required |
| NEBULIZER ADMINISTRATION KIT | Monthly rinse, air dry | Mild soapy water, |

IMPORTANT NOTE: USE ONLY DISTILLED WATER IN HUMIDIFIER

CPAP/Bi-Level Accessory Replacement Program & Guidelines Please call us toll free (877) 290-8636 if you have not heard from us to see if you are eligible to replace your supplies. or email us at supplyreorders@pulmonarysolutions.net

A VALID PRESCRIPTION IS REQUIRED AND IS ONLY GOOD FOR 1 YEAR FOR SUPPLIES. WILL REQUIRE NEW RX IF EXPIRED.

Most PPO and HMO Insurance Health Plan:

HMOs require pre-authorization. We must have approval first before dispensing. You will received only the quantity authorized by your medical group or health insurance plan

ALL HMO REQUIRES AUTHORIZATION

Commercial Insurance Health Plans:

| <u>Item Description</u> | <u>Replacement Schedule</u> |
|---|---|
| Oral Nasal Mask- A7027 | 1 every 3 months |
| Oral Nasal Cushion- A7028 | 2 Every 1 month |
| Oral Nasal Pillows- A7029 | 2 Every 1 month |
| Complete Full Face Mask-A7030 | 1 Every 3 months |
| Full Face Cushion- A7031 | 1 Every 1 month |
| Nasal Mask Cushion-A7032 | 2 Every 1 month |
| Nasal Pillows-A7033 | 2 Every 1 month |
| Complete Nasal Mask- A7034 | 1 Every 3 months |
| (Includes: mask, nasal pillows and/or cushion & headgear) | |
| Headgear- A7035 | 1 every 3 months |
| Chinstrap-A7036 | 1 Every 3 months |
| Standard Tubing- A7037 | 1 Every 3 months |
| Disposable Filter-A7038 | 2 Every 1 month |
| Non-disposable Filter-A7039 | 1 Every 3 months |
| Heated Tubing- A4604 | 1 Every 3 months |
| Humidifier Chamber- A7046 | 1 Every 3 months |
| New CPAP/Bi-Level Unit | 1 Every 3-5 Years, based upon your health insurance eligibility |

You must verify your eligibility as every health insurance plan has its own duration of eligibility for replacement supplies.

Medicare and Blue Shield Insurance Health Plans:

| <u>Item Description</u> | <u>Replacement Schedule</u> |
|---|------------------------------------|
| Oral Nasal Mask- A7027 | 1 every 3 months |
| Oral Nasal Cushion- A7028 | 2 Every 1 month |
| Oral Nasal Pillows- A7029 | 2 Every 1 month |
| Complete Full Face Mask-A7030 | 1 Every 3 months |
| Full Face Cushion- A7031 | 1 Every 1 month |
| Nasal Mask Cushion-A7032 | 2 Every 1 month |
| Nasal Pillows-A7033 | 2 Every 1 month |
| Complete Nasal Mask- A7034 | 1 Every 3 months |
| (Includes: mask, nasal pillows and/or cushion & headgear) | |
| Headgear- A7035 | 1 every 3 months |
| Chinstrap-A7036 | 1 Every 3 months |
| Standard Tubing- A7037 | 1 Every 3 months |
| Disposable Filter-A7038 | 2 Every 1 month |
| Non-disposable Filter-A7039 | 1 Every 3 months |
| Heated Tubing- A4604 | 1 Every 3 months |
| Humidifier Chamber- A7046 | 1 Every 3 months |
| New CPAP/Bi-Level Unit | 1 Every 5 Years, meeting RUL |

| PROBLEM | POSSIBLE CAUSE | SOLUTION |
|--|---|---|
| Sore or dry eyes | Air blowing into eyes | Slightly tighten top straps to bring mask into bridge of nose |
| Mask leaks | Mask/headgear not positioned properly | Re-apply mask and adjust headgear. Lie in bed with mask on and pressure on. Keeping eyes closed, release top Velcro straps, allow mask to leak. Pull straps just until mask leak stops and set straps. Repeat with lower straps |
| | Cushions/pillows worn | If you have not replaced your cushions/pillows in the last 3 months, call to order supplies. |
| | Mask size not appropriate | Contact Pulmonary Solutions to be re-fitted for mask |
| Redness/marks on the face where mask seals | Headgear too tight- too much pressure on the face | See above re-apply mask solution |
| | Sensitivity/allergy to mask material | Use barrier on your skin i.e., mole skin. Change to latex free mask, Remzzzs |
| PROBLEM | POSSIBLE CAUSE | SOLUTION |
| Air from unit is warmer than normal | Heated humidifier may be turned up too high | Turn down humidifier setting |
| | Filter obstructed by debris | Replace and/or clean filter |
| | Filter or vent may be blocked by bedclothes or drapes | Move unit away from any materials that may obstruct filters or vent to allow good air flow |
| | Room temperature is too warm | Turn down the thermostat at night |
| Unit seems loud | Unfamiliar night time noise | Consider soft music, white noise or fan |
| Unit seems louder than usual | Air leaking from humidifier connection | Turn off machine and make sure humidifier chamber is placed correctly |

| | | |
|--|---|---|
| | Hose is not connected properly or has hole in it | Check and/or replace hose-, recommended replacement is every 3-6 months. Keep protected under bedding |
| PROBLEM | POSSIBLE CAUSE | SOLUTION |
| | Air traveling through the tubing can cool before it gets to the mask | Increase temperature on heated humidifier Add heated tubing or fleece tubing cover to insulate the tubing |
| Dryness, burning sensation in throat or nose | Air is too dry Relative humidity is less than 40% Mouth opening too much during sleep | Increase room humidity Consider heated humidifier or increase temperature on heated humidifier Consider chinstrap or full face mask |
| Excess water collects in the tubing or mask | Warm air traveling through tube drops water as it cools | Place tubing under blankets or increase thermostat temperature of room Add heated tubing or fleece tubing cover to insulate the tubing |
| Nasal, sinus, ear pain | Possible sinus or inner ear infection | STOP using PAP and contact your physician |
| Pressure seems too high | Pressure is beginning may cause discomfort but is prescribed by your physician specifically for you | This is an adjustment period, allow some time. If still persists after time contact Pulmonary Solutions to validate settings |
| PROBLEM | POSSIBLE CAUSE | SOLUTION |
| Pressure seems to low | Common when you have worn PAP for a while and have become used to the pressure | Be sure pressure shown on the screen (not in ramp mode) is what was prescribed |

| | | |
|--|--|--|
| | Established user-possible machine malfunction | Contact Pulmonary Solutions |
| Unit does not turn on | No Power | Verify power cord is firmly plugged into wall and unit |
| | Unit not connected to "live" outlet | Make sure power is on to outlet or try another outlet |
| | DC battery voltage fell below 10.5 volts | Recharge or replace battery |
| Unit stops and/or stops and starts | Power cord loose | Verify power cord is firmly plugged into wall and unit |
| | Power failure | NOTE: You will still be able to breathe if the power goes out while you are sleeping. Turn off machine/remove mask and wait for power to restore |
| | Possible unit malfunction | Contact Pulmonary Solutions |
| PROBLEM | POSSIBLE CAUSE | SOLUTION |
| Chronic head cold sinus infection | Possibility of re-infection from equipment | Clean mask, tubing and humidifier chamber or replace if you are eligible Be sure to always follow the cleaning schedule |
| Oxygen not coming out of cannula or tubing | Kinked line Oxygen tubing and or cannula not secure | Place cannula end on a small cup of water, if bubbles this means oxygen is coming out |

SLEEP THERAPY EQUIPMENT



AUTO CPAP- Automatic Continuous Positive Airway Pressure

- 4-20cmh20
- Gives you pressure when you need it
- Integrated humidification



CPAP- Continuous Positive Airway Pressure

- 4-20cmh20
- 1 pressure setting
- Integrated humidification



BIPAP or Bi-Level- 2 Positive Airway Pressure

- 4-25 cmh20
- PAP intolerant
- Integrated humidification



BIPAP or Bi-Level ST, ASV, AVAPS, and SV

- 4-30 cmh20
- Complex therapy
- Integrated humidification

OXYGEN THERAPY EQUIPMENT



POC- Portable Oxygen Concentrator

- Pulse dose
- 1-6 setting
- 2-8 hour battery
- 10-15lbs
- FAA approved



POC- Portable Oxygen Concentrator

- Pulse dose
- 1-5 setting
- 2-3 hour battery
- 2-5 lbs
- FAA approved



Homefill/Ultrafill Portable Oxygen Concentrator

- Pulse dose or continuous flow
- 1-6 setting
- 2-6 hours
- 3-8lbs



Oxygen Concentrator

- Continuous flow
- 1-5 lpm
- 30 lbs
- Home use

NEBULIZER EQUIPMENT



Home Nebulizer

- Delivers medication to the lungs
- Home use- and portable
- Easy to use



Portable Nebulizer

- Delivers medication to the lungs
- Portable
- Easy to use

VENTILATOR EQUIPMENT



Non- Invasive Ventilator

- Day or night time use
- Used for therapy when you have ALS, respiratory failure or chronic hospitalization

COUGHASSIST EQUIPMENT



Coughassist

- Cough stimulating machine to help get up secretions
- Used for ALS neuro-muscular diseases or cystic fibrosis

MASKS TYPES



Nasal Pillow Mask

- Goes slightly in the naris
- Used for people who breath through the nose
- Claustrophobic
- Replacement 1 every 3-6 months



Nasal Mask

- Covers the nose
- Used for people who breath through the nose
- Replacement 1 every 3-6 months



Full Face Mask

- Covers the nose and mouth
- Used for mouth breathers
- Replacement 1 every 3-6 months

OTHER SUPPLIES & ACCESSORIES



PAP Tubing

- 6', 8' and 10' lengths
- Replace every 3-6 months
- Standard and heated



Snuggle Hose Tubing Cover

- Fleece cover
- Keeps heat in the tube
- Helps with condensation



RemZzzs

- Mask liners
- Absorbs condensation in the mask



Non- Disposable Filter

- Filters larger particles
- Replace every 6 months



Disposable Filter

- Filters smaller particles
- Replace 1-2 every month



Oxygen Nasal Cannula

- 3', 4' and 7' lengths
- Replace 1 per month



Oxygen Tubing

- 7', 14', 25' and 50' lengths
- Replace 1 per month