CPAP / Bi-Level Patient Handbook
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**Your Prescription for CPAP / Bi-Level**

Inspiratory Pressure (IPAP) ____cm H2O

Expiratory Pressure (EPAP) ____cm H2O

Back up Rate _____ bpm, if ordered

CPAP unit___________________________________

Mask or Nasal Pillows __________________________

Filters_______________________________________

Ramp________________________________________

Humidifier____________________________________

Oxygen ___________ lpm

Prescription date____________________________

Other________________________________________

Your CPAP/bi-level unit is a prescribed medical therapy unit that needs to be applied in a very specific manner. If your physician changes your CPAP/bi-level unit settings, notify Breath of Life immediately. Please note that the information provided here is meant to supplement, not replace, any special instructions provided by your physician.

**Note:** Your unit may look different than the units pictured in this booklet.

**Additional Supplies**

Your CPAP headgear and mask will wear out over time. To replace these items or to purchase additional supplies, call Breath of Life Home Health Equipment and Respiratory Services
Why Your Physician Ordered CPAP / Bi-Level

Both CPAP and bi-level therapies use Continuous Positive Airway Pressure (CPAP) to treat Obstructive Sleep Apnea (OSA).

Common Signs and Symptoms of Obstructive Sleep Apnea
• Snoring
• Excessive daytime sleepiness
• Restless sleep (may include moving arms and legs)
• Morning headaches
• Slight disorientation/memory lapses
• Irritability
• Personality changes
• Pauses when the patient doesn’t breathe during sleep

Obstructive Sleep Apnea is a sleep disorder that occurs when the airway is obstructed or blocked. As a result, no air moves into or out of the lungs (this is called “apnea”). The obstruction may be due to a variety of factors including loss of muscle control over the tongue which may cause the tongue to fall back against the airway and/or the collapse of the soft palate (the soft part of the roof of the mouth) over the airway. You breathe differently during sleep and wakefulness. During sleep, your muscles relax, your airway narrows and your body exerts less effort to breathe.

During an episode of apnea, the brain causes you to awaken slightly without even realizing it so that you can breathe. Episodes of apnea can last from just a few seconds to over a minute and can occur hundreds of times throughout the night. With each breath, oxygen should be brought into the lungs, absorbed into the blood, and then distributed to the organs and tissues. Also, carbon dioxide should be exhaled. During apnea episodes, the oxygen content of the blood decreases and carbon dioxide levels increase. This causes the blood pressure to rise, which puts stress on the heart and other organs. Also, this constant interruption of deep sleep results in a loss of restful, healthy sleep, and generally causes daytime sleepiness. The CPAP/bi-level unit treats Obstructive Sleep Apnea by providing low pressure airflow to your airways by means of a nasal mask that fits over the nose or nasal pillows which are inserted into the nostrils. Air pressure holds the airway open, preventing the collapse of the palate and tongue over the air passage. This allows for normal breathing and uninterrupted sleep.
Getting to Know Your CPAP / Bi-Level Unit

The CPAP and bi-level units use electrically powered motors and blowers to maintain the air flow necessary for treatment. As room air enters the unit it is filtered for dust and other airborne particles, then pushed through the circuit and into your airways. Your physician has prescribed the appropriate level of air pressure to keep your airway open during sleep.

Do not make any adjustments to your CPAP or bi-level unit.

If you have any questions about your prescribed setting, please consult your physician or Breath of Life. CPAP and bi-level units are available in different models. However, all models have the same basic parts: a **power switch** to turn the unit on and off, an **air outlet** to which the tubing is connected, an **air inlet** where air is pulled into the unit through a **filter(s)** which removes dust and lint from incoming air.

**Ramp Feature**
Some units are equipped with a feature called ramp. The ramp feature allows you to reduce the air pressure to a very low level as you begin to fall asleep. Within 45 minutes, the pressure will automatically “ramp up” to your prescription pressure at a gentle rate that should not awaken you. Some units allow you to set your ramp time. Your representative from Breath of Life will demonstrate what features your CPAP/bi-level unit offers. The circuit is attached to the air outlet on the CPAP/bi-level unit. The circuit has a number of parts. These parts vary depending upon the type of circuit used: **nasal pillow circuit** or **nasal mask circuit**.
The CPAP Circuit

Nasal Pillow Circuit
If you are using a nasal pillow circuit, you will need the following items: tubing, which attaches to the air outlet on the CPAP/bi-level unit, a shell to which the nasal pillows are attached, nasal pillows which fit snugly in the nostrils, and nasal pillow headgear which secures the nasal pillows to the nose and maintains a proper seal in both nostrils.

Nasal Mask Circuit
If you are using a nasal mask circuit, you will need the following items: tubing, which attaches to the air outlet on the CPAP/bi-level unit, a nasal mask, which fits snugly over the nose, and nasal mask headgear, which secures the nasal mask to the face.

Full Face Mask
Your physician may have prescribed a full face mask. This is a mask that covers both the nose and mouth. The mask includes a Quick Release Tab that allows the mask to be taken off quickly in the event of an emergency.

Exhalation Ports
Both nasal shells and nasal masks must provide an opening to allow exhaled air to escape. Do not block the exhalation ports or vents.
Operating the CPAP / Bi-Level Unit

The following step-by-step instructions will help you operate your unit.

Step 1: Place the CPAP/bi-level unit on a sturdy surface.
- Select a location near the bedside, on a nightstand or dresser. Do not place the unit above your head. You may pull on the tubing at night and pull the unit onto your head.
- Make certain there is air circulation around the unit and that the air inlet is not blocked by bedclothes, draperies or furniture.
- Do not place the unit near a heat source.
- If excessive water collects in the tubing you can place the unit on the floor to help with draining. If using with oxygen you will need to place something under the unit to prevent static electricity. Make sure that nothing is obstructing the flow of air around or underneath the unit.
- If you are using a room humidifier, make certain it is placed a minimum of six feet away from your CPAP/bi-level unit.

Step 2: Insert the power plug into a nearby power outlet.

Note: Most CPAP/bi-level units use “2-prong” power plugs and do not require a 3-prong, grounded AC power outlet.

However, if the equipment that has been provided to you has a 3-prong power plug and your home does not have 3-prong power outlets, your Breath of Life representative will exchange your CPAP/bi-level for a unit that utilizes the 2-prong plug.
Step 3: If the AC power cord is not permanently attached to your unit, plug its female end into the AC power inlet on the back of the unit. Plug the other end of the cord into an appropriate (as described in step 3) electrical power outlet.
- Do not use an extension cord with your unit.
- Do not plug the unit into an outlet that has other major appliances plugged into it.

Step 4: Connect your tubing to the air outlet on the CPAP or bi-level unit.

Step 5: Assemble and fit your nasal mask or nasal pillow circuit as instructed on the following pages. Keep the unit turned OFF until you have completely put on and secured the nasal mask or nasal pillows and headgear.

Headgear Assembly

Nasal Mask Circuit

Follow these instructions for assembling and fitting the nasal mask circuit:

Step 1: Arrange the headgear so the longer straps are at the top.
Step 2: With the Velcro facing out, away from your face, thread the four tabs through the top and side slots of the mask. Pull the straps through and fasten by pressing the Velcro back against the strap.
Step 3: Place the mask over your nose and slide the headgear over your head.

Note: If you are having any problems with your headgear, please contact your Breath of Life representative for additional help.

Step 4: Adjust all the Velcro straps, gradually
tightening them until the mask fits comfortably against the face.

A tighter fit is not necessarily better — it can be loose as long as the seal is maintained.

**Do not block the exhalation port on your nasal mask circuit.** The exhalation port may be located at the base of your mask or in a special attachment between your mask and tubing.

**Helpful Hints**

- For ease in future adjustments, you may wish to use permanent ink to mark the straps at the final strap position.
- Washing your face to remove excess facial oils will help to achieve a leak-free fit and prolong the useful life of the mask.

Follow these steps to **connect the circuit to your CPAP or bi-level unit:**

**Step 1:** Connect the tubing to your nasal mask.
- If you are using a nasal pillow circuit, your tubing is already attached.
- Adjust the tubing so that it will not pull on the mask or nasal pillow circuit when you lie down.
- If possible, route the tubing up and over your headboard to reduce the tension on your mask or nasal pillow circuit.

**Step 2:** Press the power switch to ON.
The unit will automatically deliver your prescribed pressure level. Make sure that no air is leaking out of your mask or nasal pillows. If it is, readjust your mask or nasal pillows and headgear.

**Step 3:** If your physician approves, and if your unit offers the **ramp feature**, activate the ramp dial
or delay button at this time. Either press the delay button which will activate the ramp feature over a set period of time or turn the ramp dial to the amount of time you desire.

**Step 4:** Relax and take slow deep breaths through your nose.

If you need to get up during the night, press the power switch to OFF and disconnect the tubing from the nasal mask or nasal pillow assembly, leaving the mask or nasal pillows and headgear on your head. Reattach the tubing when you return to bed and press the power switch to ON. You may wish to reactivate the ramp feature if it is available on your unit.

If you wish to remove the headgear and mask or nasal pillows, it may be easiest to unhook or loosen only one of the bottom straps to remove the headgear in a quick one-step fashion.

**Step 5:** In the morning, clean your mask or pillows. Daily cleaning is recommended.

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**Bi-Level**

Some patients may require a bi-level unit. Standard CPAP units maintain the same pressure while you inhale and exhale. A bi-level unit allows you to breathe at two pressures, sometimes making it easier for you to exhale. Bi-level has a higher pressure for inhalation and a lower pressure for exhalation. As with the standard CPAP unit, the pressure settings must be ordered by your physician, and should not be changed without your physician's approval.

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**Using a Humidifier**

If you are bothered by nasal problems for more than a week or two, your physician may prescribe the use of a humidifier during CPAP or bi-level therapy. The humidifier adds moisture to the air delivered by the unit. Although humidifier units may vary,
most function in the same manner. Follow these basic instructions for **humidifier use**:

**Step 1:** Fill the humidifier reservoir using distilled water. Fill the water only to the **fill line**.
- Keep the unit turned OFF until the humidifier is properly connected and you are ready to use your unit.
- If distilled water is not available, ask your physician if you may boil tap water for 20 minutes. **Allow the water to cool before adding to the humidifier.**
- Do not use medications in the water reservoir.
- To prevent electrical hazard, do not allow water to come into contact with any part of the unit other than the water reservoir.

**Step 2:** Connect the short humidifier tube to the air outlet on the unit and the inlet port on the humidifier reservoir.

**Step 3:** Connect the patient tubing to the outlet port on the humidifier reservoir.

**Step 4:** Clean humidifier reservoir as instructed below.

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**Cleaning the Humidifier**

**Note:** If you have a heated humidifier, immerse only the humidifier jar in water or disinfectant. Never immerse electrical appliances in any liquid.

**Daily Cleaning**

**Step 1:** Empty any remaining water out of the reservoir after each use.

**Step 2:** Wash your hands as instructed.

**Step 3:** Immerse the humidifier in warm, soapy water. Fill the humidifier with the soapy water and shake vigorously.

**Step 4:** Rinse with clean water and allow to air dry.
Using Oxygen

If your physician has prescribed oxygen for you to breathe during CPAP or bi-level therapy, you must also learn how to use and care for an oxygen system.

It is important to observe all fire and safety rules associated with the use of oxygen. If you have any questions about the use and care of an oxygen system, contact Breath of Life.

Oxygen tubing may be connected to the unit by using an oxygen tee adapter or a port on the nasal mask.

If your oxygen is administered with a tee adapter, the adapter may be connected to the air outlet on the unit or between the tubing and nasal mask. Your Breath of Life representative will instruct you in its proper placement.

Your tubing is connected to the large end on the tee adapter and the small tubing from your oxygen system is connected to the small nipple on the tee adapter.

- Always turn your CPAP or bi-level unit ON before turning ON the oxygen flow.
- Always turn OFF the oxygen before turning OFF the CPAP or bi-level unit.

Your oxygen may be administered through a port on the nasal mask. Keep the ports closed unless using oxygen. The small tubing from your oxygen system is directly connected to the port on your nasal mask. Your Breath of Life representative will instruct you in its proper placement.
Daily Cleaning Procedures

To lengthen the life of your equipment and supplies, it is important to inspect and clean all components regularly. The masks, tubing and headgear should last approximately 6 to 12 months, but the actual life of the equipment can vary considerably. Inspect all components daily and clean them as necessary. Daily cleaning is recommended for CPAP masks; other supplies should be cleaned as necessary. Follow the cleaning instructions provided by the manufacturer for your specific CPAP supplies.

Caution: Do NOT clean any parts of the system with alcohol, cleaning solutions containing alcohol, bleach or any strong household cleansers.

Follow these procedures for cleaning your CPAP or bi-level equipment:

Step 1: Wash your hands as instructed

Step 2: Remove the headgear from the mask or nasal pillows shell. Disconnect the mask or shell (remove the pillows from the shell), swivel connector and tubing.

Step 3: With a soft cloth, gently wash the mask or pillows with a solution of warm water and a mild, clear liquid detergent.

Step 4: Rinse thoroughly. If the mask still feels oily, repeat step 3.

Step 5: Allow the mask or pillows to air dry. Do not place any supplies in the dryer.

Clean Your Unit as Necessary

Step 1: Unplug the unit before cleaning it. Never immerse the unit in water.
Step 2: Using a damp cloth, wipe the outside of the unit.

Step 3: Use a dry cloth to wipe the unit dry.

Step 4: Make sure the unit is thoroughly dry before plugging it in again.

Filter Maintenance

Filter maintenance will depend on the model of unit you have. There may be two filters on some models. The first filter is usually disposable and the second filter is reusable. Please review the manufacturer’s product literature for specific filter maintenance instructions. If you have any questions, call Breath of Life.

Never place a damp filter in your CPAP or bi-level unit.

Information for Patients

The nasal CPAP device provides a treatment for your sleep disorder and should be used every night (and/or anytime that you sleep).

1. Since your sleep is now deeper and more restful than before, you may not need to sleep as many hours to feel rested.

2. Try to go to bed and get up about the same time every day. This will help your body to establish a regular sleep/wake cycle.

3. CPAP or bi-level therapy may help to lower blood pressure in patients who have hypertension. If you
are on blood pressure medicine, make sure all of your physicians know that you are using a CPAP or bi-level unit. Never change your blood pressure medication without your doctor’s approval.

4. After a week or two of using your CPAP or bi-level unit, you should not be sleepy during the day. 5. Your snoring should be reduced or eliminated when you use your CPAP or bi-level unit. If a family member notices that you are beginning to snore loudly again while wearing the unit, inform your doctor. You may need an adjustment to your CPAP pressure.

6. During the first few weeks of treatment you may experience some sneezing and perhaps a sensation of nasal obstruction. This is normal. Nasal congestion is the most common side effect of CPAP therapy. A common cause of nasal congestion is the drying and cooling of the upper airway by your CPAP device. This is responsible for the feeling of dryness in the throat or nose. Many times this will resolve itself as you become accustomed to your CPAP unit. It may take up to four weeks.

7. The CPAP machine is designed to eliminate the interruptions of your respirations during sleep at your current weight. However, if you are overweight, weight loss generally will improve your overall health and could allow your physician to decrease the pressure of air used in your machine. (In some cases, weight loss may enable your physician to discontinue the use of the unit altogether.) If you gain weight, your physician may need to increase the pressure of your CPAP unit. If you experience weight loss or gain, please contact your physician.

8. If you require surgery or hospitalization for any reason, make sure you inform your surgeon, physician and/or hospital staff of your diagnosis and the need to use the CPAP machine with all sleep. Please take your CPAP unit to the hospital so that you can use it during your hospitalization.
especially when you are sedated before and after surgery.
You should be able to use the CPAP all night long, every night. If, after trying these suggestions, you cannot sleep through the night, please contact your physician.

**Physical Problems You May Encounter**

If you experience any **physical problems**, call your physician.
If you are having trouble with your **equipment**, call Breath of Life.
If you experience **severe physical problems**, call 911.

**Hand washing techniques**

*Hands must be clean prior to handling supplies and solutions. Wash hands before beginning any procedure.*

**Step 1:** Wet hands thoroughly with warm water.

**Step 2:** Use antibacterial soap.

**Step 3:** Wash hands for 1–2 minutes using a rotary motion and friction. Wash:
- back and palm of each hand
- between all fingers

**Step 4:** Rinse hands under running water.

**Step 5:** Dry on clean towel or with paper towel
Safety Precautions

Never immerse the CPAP or bi-level unit in water.
Never try to clean the unit by placing it in water. The electrical components will be damaged and this can create a shock to the user the next time it is plugged into an electrical outlet.

Never plug in the unit if it is wet or damp. Moisture always increases the potential of electrical shock.

Never plug your unit into an electrical outlet that is being used to supply power to another major appliance. Plug your unit into an electrical outlet that is NOT being used to supply electricity to other major appliances. If you need to use the same outlet that is shared by other equipment, make sure the other appliances are NOT being used at the same time.

Never try to repair your CPAP or bi-level unit. Your unit is considered medical equipment and needs to be worked on by a professional. If you are renting this equipment, call Breath of Life and your unit will be replaced. If you have purchased the unit, contact Breath of Life for assistance in getting it repaired.

Never use your unit with an extension cord.

Make Sure Your Home Address Is Visible
Make sure your home address can be easily seen from the street during both day and night.

If you are expecting a night delivery or visit, turn on the porch light. Check to see that your address numbers are easy to spot and read from the street. This will allow all Breath of Life and emergency services to locate your residence easily.
How to Make Your Home Safe for Medical Care

At Breath of Life, we want to make sure that your home medical treatment is done conveniently and safely. Many of our client/patients are limited in strength, or unsteady on their feet. Some are wheelchair- or bed-bound. These pages are written to give our client/patients some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren’t sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet “extenders” or “power strips” with internal Circuit breakers. Don’t use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don’t accidentally scald yourself without realizing it.

Safety in the Bedroom
It’s important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don’t have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers
  - Bottle and jar openers
  - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

If you are now using assistant devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.
What To Do If You Get Hurt ... In case of emergency, contact: Fire, Police, Ambulance: 911

Hospital: ___________________________ Phone: ______________

Home Care Agency: ____________________ Phone: __________________

Doctor: _______________________________ Phone: __________________

Breath of Life Home Health Equipment......................Phone: 1-317-896-3048

If you have any questions about safety that aren’t in this booklet, please call and we will be happy to give you recommendations for your individual needs.

Emergency Planning for the Home Care Client/ Patient

This information has been provided by Breath of Life to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every client/patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn’t.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative’s home in an unaffected area.
Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week’s worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

Reaching Us if There Are No Phones

How do you reach us during a natural emergency if the phone lines don’t work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative’s home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week’s worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Breath of Life or from a local store. It comes in very handy if you don’t have running water.
- If you are going to a friend or relative’s home during evacuation, leave their phone number and address with Breath of Life and your home nursing agency.
- When you return to your home, contact your home nursing agency and Breath of Life so we can visit and see what supplies you need.

For More information
There is much more to know about planning for and surviving during a natural emergency or disaster.

To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

An Important Reminder!!
During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, you must go to the nearest emergency room or other treatment facility for treatment.

Making Decisions About your Health Care Advance Directives

Advanced Directives are forms that say, in advance, what kind of treatment you want or don’t want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared.

This pamphlet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

What Kinds Of Advance Directives Are There?
There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) become terminally ill and unable to make your own decision.

- It is called a “Living” Will because it takes effect while you are living.
- Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- In some states, you are allowed to simply write a letter describing what treatments you want or don’t want.
- In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an agent or proxy. This person would then be make medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that want or do not want in the event of serious illness.

What Type of Advance Directive is Best for Me?
This is not a simple question to answer. Each individual’s situation and preferences are unique.

- For many persons, the answer depends on their specific situation, or personal desires for their health care.
- Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.
- Many times you can have both, either as separate forms or as a single combined form.

What Do I Do If I Want An Advance Directive?

- First, consult with your physician’s office or home care agency about where to get information specific for your state.
- Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your “agent” in the Durable Power of Attorney.
- Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.

Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

How Does My Health Care Team Know I Have an Advance Directive?
You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

Many client/patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney “agent,” and how to contact them.

What If I Change My Mind?
You can change your mind about any part of your Advance Directive, or even about having an Advance directive, at any time.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

What If I Don’t Want An Advance Directive?
You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

For More Information...
This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.
Follow Emergency and Natural Disaster Instructions

In the event of an emergency or natural disaster, follow the radio or television instructions of your local authorities.

Travel Guidelines

The following tips should help you plan and prepare for any trip.

• Contact your physician to make sure your proposed trip is medically safe and to obtain additional copies of your prescription.

• If traveling by plane, DO NOT check your CPAP or bi-level unit. Carry the unit on the plane with you in a padded case. Be sure to pack the cord and all accessories.

• When traveling to another country, contact the equipment manufacturer to make sure you have the proper fuses and know the correct voltage setting.

Warranty

If you have purchased your CPAP or Bi-level unit, the unit is under warranty by the equipment manufacturer for two years from the date you received the unit. Call Breath of Life if your equipment needs service.
## Common Problems and Solutions for CPAP and BiLevel

<table>
<thead>
<tr>
<th>Problem</th>
<th>Probable Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore or dry eyes</td>
<td>Mask not positioned properly. Headgear adjusted improperly</td>
<td>Reapply the mask and readjust the headgear</td>
</tr>
<tr>
<td></td>
<td>Mask is not the right Size</td>
<td>Contact Breath of Life</td>
</tr>
<tr>
<td>Redness on the face where the mask touches</td>
<td>Irritation or allergy to the mask</td>
<td>Use a barrier between the mask and your face such as duoderm or micropore tape. Contact your physician or Breath of Life if this continues to be a problem</td>
</tr>
<tr>
<td>Runny nose</td>
<td>Reaction to air flow</td>
<td>Contact your physician or the Breath of Life You may need to increase the room humidity or may need to add a humidifier to your unit</td>
</tr>
<tr>
<td>Cold nose</td>
<td>Room air temp is too cold. Air cools as it travels through the tubing</td>
<td>Reposition the tubing so it runs under the bed covers. This will help with heat loss</td>
</tr>
<tr>
<td>Dryness or burning in nose or throat</td>
<td>Air is too dry</td>
<td>Increase the room humidity. Ask your physician for a heated humidifier if not already on one. Ask your physician for a nasal spray or gel. Make sure you are keeping your mouth closed. Contact the Breath of Life for a chin strap if needed.</td>
</tr>
<tr>
<td>Nasal, sinus or ear pain</td>
<td>Sinus infection or Middle ear infection</td>
<td>Stop using the unit and contact your physician</td>
</tr>
<tr>
<td>Feeling of discomfort from the feeling of too much pressure relieve apnea</td>
<td>Pressures above 12.5 cm may cause discomfort but are necessary to adjust to the pressure. Try to relax and take deep breaths through your nose if you are still having trouble contact your physician or Breath of Life</td>
<td></td>
</tr>
<tr>
<td>Problem</td>
<td>Probable Cause</td>
<td>Solution</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Pressure delivered seems significantly lower or higher than usual</td>
<td>Possible unit malfunction</td>
<td>Contact Breath of Life</td>
</tr>
<tr>
<td>Air from the unit feels warm</td>
<td>The filter may be obstructed by debris</td>
<td>Replace or clean the filter</td>
</tr>
<tr>
<td></td>
<td>The filter or slotted vents on the front or back of the unit may be blocked by clothing, curtains etc...</td>
<td>Move the unit away from clothing or curtains that block the air flow around the unit</td>
</tr>
<tr>
<td></td>
<td>The room temperature is too warm</td>
<td>Turn down the thermostat at night Add a second length of tubing to the circuit to allow the air to cool. Place the unit on the floor where the air may be cooler</td>
</tr>
<tr>
<td>Unit seems too Loud</td>
<td>Patient is not used to the unit; it may take a couple of weeks to get used to the unit</td>
<td>Make sure you are tired when you go to bed. If you are still having trouble contact Breath of Life</td>
</tr>
<tr>
<td>Unit does not turn on</td>
<td>Power cord is not attached to the unit or is not plugged into the outlet</td>
<td>Verify connections</td>
</tr>
<tr>
<td></td>
<td>Unit not connected to a live outlet</td>
<td>Make sure the unit is plugged into a live outlet</td>
</tr>
<tr>
<td></td>
<td>Unit fuse has blown</td>
<td>Replace the fuses with the same type of fuse. Verify that the voltage selector switch setting is not set to low. If the new fuse blows contact Breath of Life</td>
</tr>
<tr>
<td></td>
<td>DC battery fell below 10.5 volts</td>
<td>Recharge or replace battery</td>
</tr>
<tr>
<td>Unit starts and Stops</td>
<td>Power cord not completely plugged in</td>
<td>Verify that the plug is completely plugged into the rear of the unit and at the outlet</td>
</tr>
</tbody>
</table>
No air comes out of the unit when the power is connected
Voltage selector switch is set incorrectly
Possible internal problem
All other problems or questions

Verify that the voltage selection switch setting is not too high
Contact the Breath of Life
Contact Breath of Life

Feedback on Services Provided

Breath of Life is a respected home respiratory care provider, and our wish is to have patient satisfaction scores that are consistently high. It is possible, however, that you may have a concern and we welcome feedback.

To voice a concern, you should take these steps:

1. Call Breath of Life Home Health Equipment and ask to speak to the VP of Operations.
   OR
2. Contact us by e-mail at: ncollett@bolhealthequipment.com
   OR

Satisfaction Survey Process
Our goal is to ensure your satisfaction. You will likely receive an Breath of Life patient satisfaction questionnaire and we hope that you will take a few minutes to fill it out and return it to us. The postage is prepaid by Breath of Life.

CMS 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 Number.

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

**Patients Rights**

Breath of Life and its staff have adopted the following rights for our patients. Breath of Life will honor these rights without regard to sex, economic status, educational background, race, color, disability, religion, ancestry, veteran status, national origin, sexual orientation or marital status or the source of payment for care.

Patients, as well as the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient, have the right to:
1. Be informed of your rights, in advance of providing or discontinuing care, whenever possible.
2. Know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see you.
3. Have family members (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
4. Considerate and respectful care, and to be made comfortable. You have the right to respect for your personal, cultural, psychosocial and personal values, and to have access to pastoral and other spiritual services.
5. Receive care in a safe setting that is free from all forms of abuse or harassment. You have a right to be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
6. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand.
7. Participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
8. Participate actively in decisions regarding medical care including development and implementation of your care plan. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services.
9. Request or refuse treatment, to the extent permitted by law, including the right to leave the hospital even against the advice of physicians.
10. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, the likelihood of achieving the desired results, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
11. Formulate advance directives and have staff and practitioners who provide care comply with these directives or be informed if the hospital is unable to honor your advance directive wishes.
12. Identify a surrogate decision maker who can make health care decisions for you should you become unable to do so, and have all the patients’ rights apply to this person or
others who may have legal responsibility to make decisions regarding medical care on your behalf.

13. Full consideration of personal privacy and privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed.

14. Confidential treatment of all communication, recordings/films and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records and/or films can be made available to anyone not directly related with the care, unless otherwise authorized or permitted by law.

15. Access information contained in your medical record within a reasonable time frame, and to request an amendment to and receive an accounting of disclosures regarding your health information.

16. Examine and receive an explanation of the hospital’s bill / charges regardless of the source of payment.

17. Reasonable responses to any reasonable requests made for service.

18. Reasonable continuity of care, and to know in advance the time and location of appointment as well as the identity of persons providing the care.

19. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. You have the right to refuse to participate in such research projects without fear of compromise to your care.

20. Know which hospital rules and policies apply to your conduct while a patient.

21. Designate visitors of your choosing, if you have decision making capacity, whether or not the visitor is related by blood or marriage, unless: no visitors are allowed; it is determined that health or safety would be compromised; you do not wish a person to visit; or you lack decision-making capacity, at which time your wishes will be considered for purposes of determining who may visit.

22. Request a list of and assistance with accessing protective or advocacy services in the community, including notifying government agencies of neglect or abuse.

23. Appropriate assessment and management of pain, information about pain, pain relief measures and to participate in pain management decisions.

24. Be informed of any continuing health care requirements following discharge from the hospital. Be informed that, with your authorization, the hospital may provide a friend or family member with information about your continuing health care requirements following discharge from the hospital.
25. Be involved in the development and implementation of your discharge plan.
26. Have complaints/concerns voiced by you or your representative addressed in a respectful manner, as soon as possible.
27. File a complaint, concern or grievance. If you want to file a grievance Breath of Life, you may do so by writing to Administration 280 S Cherry Street, Westfield IN 46074); by contacting the President of the company or Vice President of Operations by calling (317) 896-3048. Your actions will in no way adversely affect your care or access to care.

| Patients Responsibilities |

To assist us in providing the quality of health care and services you expect and deserve, you, as a patient with Breath of Life, have the responsibility to:

1. Provide, to the best of your knowledge, accurate and complete information about present complaints, medications, past illnesses, hospitalizations, and other matters relating to your health and healthcare.
2. Provide information about advance directives: give us direction about your preferences for future medical care and the identity of anyone who you may want to make healthcare decisions on your behalf should you later become incapable of making such decisions on your own.
3. Inform us if you do not understand a proposed course of action or what is expected of you.
4. Ask questions about your treatment, diagnosis and/or prognosis.
5. Follow the directions of your physician and treatment team.
6. Inform us immediately if you believe that you are given a medication or being provided with a treatment that is not correct or not intended for you.
7. Ask for pain relief when pain first begins, help the staff assess your pain, work with the staff to develop a pain management plan, and advise staff if your pain is not relieved.
8. Report unexpected changes in your condition to a member of the staff.
9. Accept responsibility for your actions should you refuse treatment or should you choose not to follow the prescribed treatment plan.
10. Learn what you can do to improve your ability to care for yourself, if appropriate.
11. Know and follow hospital rules and regulations including those related to unit community living, noise control, smoking and visitors.
12. Respect the rights, privacy and confidentiality of other patients and staff.
13. *Never bring a weapon into the hospital.*
14. *Never hurt or threaten another patient, family member or member of the staff.*
15. *Never bring alcohol or non-authorized drugs into the hospital.*
16. *Use only the medications prescribed for you in the amount specified.*
17. *Show respect for the property of others and the hospital.*
18. *Leave your personal valuables and property at home.*
19. *Satisfy your financial obligations for care and treatment by providing us with correct information about your health insurance or other source of payment.*
20. *Talk with a member of the staff if you are dissatisfied with the care and/or service.*