Ventilator Order Checklist

Please provide the following documentation when ordering a home ventilator:

- Patient demographic information
- Face-to-face chart notes from a pulmonologist or treating physician establishing medical necessity for ventilatory support
- Diagnosis supporting chronic respiratory failure (e.g., neuromuscular disease, thoracic restrictive disease, severe COPD, congenital condition requiring mechanical ventilation)
- Tracheostomy date and current tube type/size noted if invasive ventilation is ordered
- Backup & safety plan
  - Backup ventilator provided for vent-dependent patients
  - 24/7 RRT support acknowledged by family/caregiver
  - Power outage plan (external battery, generator, or hospital fallback)
- Ventilator Standard Written Order (SWO) required elements:
  - Patient name
  - Order date
  - Specific ventilator model, mode (AC, SIMV, PS, etc.), and settings
  - Quantity to be dispensed plus concurrent circuits / supplies
  - Treating practitioner name or NPI & signature
  - SWO date must be on or prior to delivery date and on file prior to billing

DOME HOME CARE
Dependable Oxygen & Medical Equipment
Phone (718) 854-5501 · Fax (718) 369-5858 · Email eric@domehc.com · Web domehc.com