



Heated Humidification Order Form

Section 1. Service User Details

Do you have a HSE eligibility card(s)?		GMS	LTI	DPS	Card No:	No
First Name:				Surname:		
Permanent Address:						
Delivery Address (if different from above):						
Eircode:				D.O.B.:		
Mobile No.:				Contact Tel. No.:		

Section 2. Carer/ Emergency Contact Details (if applicable)

Name:				Contact Tel. No.:		
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Section 3. Hospital Details

Hospital:				Ward:		
Contact No.:				Estimated discharge date:		
Consultant Name:						

Section 4. Heated Humidifier System Set-up

Please select: Roll Trolley Mount		Desktop stand				
Comment:						

Frequency of change	Weekly	Monthly
Tubing incl. self-fill chamber		
Tubing incl. auto fill water chambers		
Cannula; input size (refer to appendix II):		
Tracheostomy direct connection		
Mask connection; Trachy or Face Mask		
Re-usable water bag		
Sterile water bag		

Section 5. Heated Humidifier Settings

Heated Humidifier Flow Setting (2-60 L/min) (2-25 junior/ 10-60 adult) (30 L/min default)		L/Min:				
Oxygen Flow Rate		L/Min:				
%O2 to be delivered		%				
Frequency of humidification	hrs/day	Night-time	Daytime	PRN		
Target Temperature (37°C default)		31°C (facemasks only)	34°C	37°C		

Section 6. Healthcare Professional Declaration

I declare that the information given on this form is correct and complete.						
Name:			Profession:		Professional Reg. No.:	
Contact Tel. No.:				Date:		
Secure email address:				Signature:		

Section 7. Send To

Medical card service users: Please email to your local HSE offices for approval

Non-medical card holders: Please email directly to supplier

Community Health Area Only:

Approved By:				Approver email:			CHO:
Date:				PO No.:		Signature:	

Approximate Oxygen Concentrations for AIRVO 1							
Setting → Oxygen Flow ↓	15	20	25	30	35	40	45
1 L/min	26%	25%	24%	24%	23%	23%	23%
2 L/min	32%	29%	27%	26%	26%	25%	25%
3 L/min	37%	33%	30%	29%	28%	27%	26%
4 L/min	42%	37%	34%	32%	30%	29%	28%
5 L/min	46%	41%	37%	34%	32%	31%	30%
6 L/min	48%	45%	40%	37%	35%	33%	32%
7 L/min	50%	48%	43%	40%	37%	35%	33%
8 L/min	52%	49%	45%	42%	39%	37%	35%
9 L/min	54%	51%	47%	44%	41%	39%	37%
10 L/min	55%	53%	48%	46%	44%	41%	39%
12 L/min	59%	55%	51%	49%	48%	44%	42%
15 L/min	63%	59%	55%	52%	49%	47%	45%

Approximate Oxygen Concentrations for MyAIRVO2											
Setting → Oxygen Flow ↓	10	15	20	25	30	35	40	45	50	55	60
1 L/min	29	27	25	24	24	23	23	23	23	23	22
2 L/min	38	32	29	28	26	26	25	25	24	24	24
3 L/min	45	37	33	31	29	28	27	26	26	25	25
4 L/min	53	42	37	34	32	30	29	28	27	27	26
5 L/min	60	48	41	37	34	33	31	30	29	29	28
7 L/min	75	58	50	44	40	37	35	34	32	31	31
10 L/min	93	74	61	54	49	45	42	39	37	36	35

Appendix I: Guidance Notes for completing Heated Humidifier Form

- This is not a life support device, and should not be used for this purpose. All service users should be spontaneously breathing.
- This device does not have a battery source. In the event of a power cut / failure the device will shut down as there is no battery backup provided.
- Please consider the quantity of required oxygen to be added, only low pressure oxygen can be provided in the home setting. Up to a maximum of 15 L/min.
- For paediatric service users, wiggle pads should be changed on a daily basis and ordered as required.

Appendix II: Cannula Sizes

- Small
- Medium
- Large
- Junior XS
- Junior S
- Junior M
- Junior L
- Junior XL
- Junior XXL