

AIRLIFE™ NON-INVASIVE (NIV) MASK

FACILITY / HOSPITAL _____

NAME + TITLE _____

DEPARTMENT _____

START DATE _____ STOP DATE _____

Mask type: Full Face Nasal

Mask size: Small Medium Large

Mask features: Vented with AAV Non-Vented with AAV Non-Vented without AAV

Name of Ventilator System: _____

Circuit type: _____ Heated Non-heated



The ranking is based on a scale of 1 to 5: 1 = Strongly disagree with the statement. 5 = Strongly agree with the statement. If you disagree or strongly disagree with statement, please add comments at the bottom as to why you feel that way.

LEVEL OF AGREEMENT (CIRCLE ONE FOR EACH STATEMENT)	1 STRONGLY DISAGREE	2 DISAGREE	3 NEUTRAL	4 AGREE	5 STRONGLY AGREE
Able to place NIV mask on patient with comfort and ease	1	2	3	4	5
NIV mask was able to hold a seal	1	2	3	4	5
NIV mask worked well with the ventilation system	1	2	3	4	5
Able to fit and adjust NIV mask	1	2	3	4	5
The patient was satisfied with the NIV mask	1	2	3	4	5
NIV mask was clinically acceptable	1	2	3	4	5

CIRCLE ONE FOR EACH STATEMENT

Was a skin barrier used with the NIV mask?	YES	NO
Was any skin breakdown noted during the use of this mask?	YES	NO
Recommend implementing AirLife NIV mask into our clinical practice	YES	NO
If used with a heated humidifier, did the mask function appropriately?	YES	NO

If no, why not?

ADDITIONAL COMMENTS:

