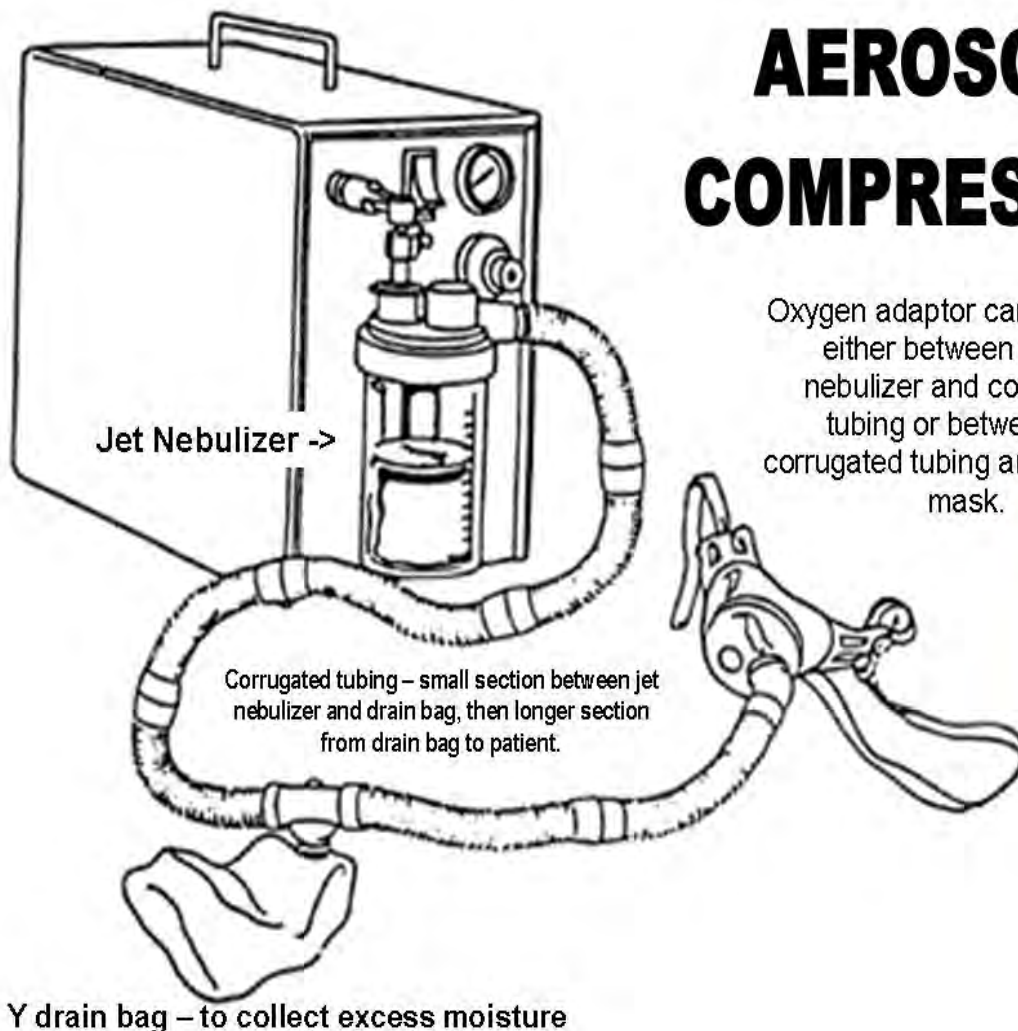


Instructions for Cleaning & Maintaining Air Compressor

1. The air compressor should be kept at least 6-8 inches away from the wall for ventilation and to keep the compressor from overheating.
2. The compressor should be set to at least 20 psi then lock the dial by pushing in so the settings cannot be adjusted. Keep water bottle dial at 100%. If oxygen is ordered, adjust the oxygen concentrator to obtain the prescribed oxygen percentage. (Liter flow must always be converted to a % Spo2 by the doctor)
3. The air compressor should be wiped down weekly to avoid dust build up.
4. The air inlet filter in the back of the compressor should be rinsed out weekly. Let it air dry before placing back into the compressor.
5. The corrugated tubing & drain bag should be up off the floor. Drain bag should be at lowest point of circuit in order for excess moisture to properly collect in bag (utilize gravity). Cut corrugated tubing to the approved length determined during the setup. Empty bag as water accumulates.
6. Replace corrugated tubing, water bottle, drain bag, and trach mask weekly. Rinse out water bottle before refilling with distilled water. If using only at night, empty water bottle and let it air dry. Refill with fresh distilled water before next use.



AEROSOL COMPRESSOR

Oxygen adaptor can be placed either between the jet nebulizer and corrugated tubing or between the corrugated tubing and the trach mask.



Call your local CareLinc for supplies, questions and concerns.

OXYGEN CALL LIST

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ **Automatic Stop** ☐ Call Weekly ☐ Every 2 Weekly ☐ Call 6 months ☐ Call Annually

(except MCR 3-5 yr customers, identify who called in the order and how much they have left)

Note:

1. Customers must be aware of their delivery day. They should call before noon on the business before their delivery day. We should not have "will call us" customers! After the first month, homefill **and** night time customers **with** internal filter concentrators will be called and have a home PMI at least every 6 months. Night time customers **without internal filters** must have a home PMI annually.
2. When making oxygen calls, if a customer only has 1-2 empty tanks, see if they have enough full tanks to last them another week.
3. Check on all **repeat supplies** with every 6 month / annual check. I.e. neb kits and filters, cpap / bipap supplies, etc
4. **Confirm** address, insurance and physician information with every supply order.

Name: _____ Phone: _____
(always make calls while looking at and updating the customers information in the computer)

(circle) **OXL OXQ OXM OXE OXD OXC OXB**

(circle) Home-Fill Cylinder: **Continuous Conserver** or **Helios** or **Conserver**

Comments/Supplies: _____

Other Equipment: _____

(circle) Rental Air Compressor with internal filter or **Rental Enteral Pump**

Annual check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

Annual check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

(use form ADFM024 for all oxygen set ups, all rental swaps, and rental equipment checks)

Concentrator Set up date _____ internal filter = every 6 months / no internal filter = annually

Physicians order: LPM _____ Duration _____ (check most current prescription / CMN on on-base, see DTWI004.)

PMI check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

PMI check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

PMI check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

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PMI check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

PMI check due _____ Form ADFM024 initiated ____/____/____ By: _____ PMI Completed date ____/____/____

Account #: _____

