APRIA®

FOR APRIA STAFF ONLY

Nasal PAP/Bi-Level Patient/Caregiver Acknowledgement

If you receive in-person, face-to-face instruction regarding your PAP/Bi-Level from an Apria representative, your Apria representative will review the items on this checklist with you. After you have reviewed each item, please sign and date the document in the designated area at the bottom of the page.

1. Your Prescription ☐
2. Why Nasal PAP/Bi-Level Therapy Is Needed ☐
3. Your PAP/Bi-Level Unit and Accessories ☐
4. General Setup and Operation of PAP/Bi-Level Unit and Accessories ☐
5. Menu Navigation and Functionality of Your PAP/Bi-Level Unit ☐
6. Assembling Your Headgear and Mask Circuit ☐
7. Using a Humidifier with Your System ☐
8. Using Oxygen with Your PAP/Bi-Level Unit ☐
9. Cleaning Your PAP Equipment and Supplies ☐
10. Importance of Resupply — Your Mask, Tubing and Headgear ☐
11. Filter Maintenance ☐
12. Physical Problems ☐
13. Handwashing Technique ☐
14. Safety Precautions ☐
15. Troubleshooting ☐
16. Feedback on Our Services ☐
17. Instructed on how to download the manufacturer manuals from the Apria website and/or was provided a CD which includes the Apria patient/caregiver instructions manual. ☐

The undersigned acknowledges that he/she has received, been instructed in and understands the subjects shown on this page and covered in the education manual.

Patient/Caregiver Signature Date	Apria Representative Date
Please PRINT Name	Please PRINT Name

©2021 Apria Healthcare Group LLC