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| **Eolife Data Collection Form** |

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| --- | --- |
| Patient ID |  |
| Date |  |
| Ventilation Mode |  |
| Pressure Support/Pressure Control |  |
| PEEP |  |
| Vt |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment | Physiotherapist | Time | Comment on exp flow bias |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |