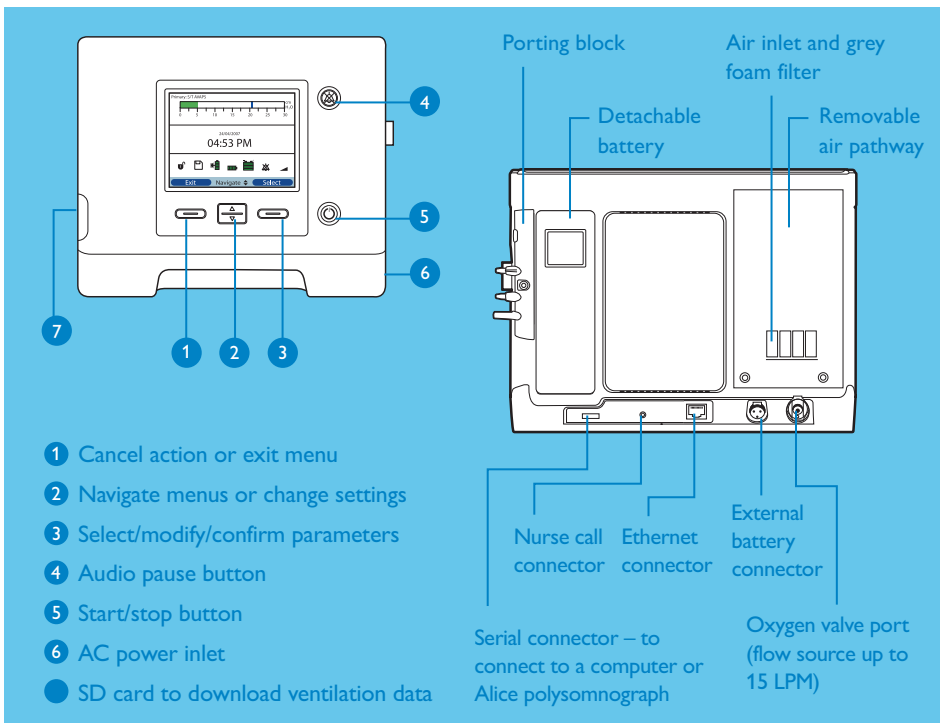




Trilogy 202

PHILIPS
RESPIRONICS

Quick start guide



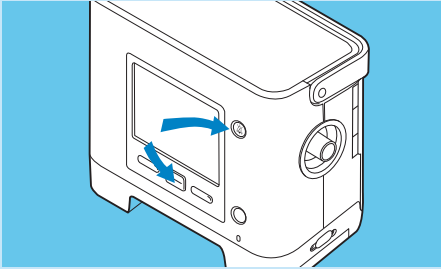
Symbols and icons

- Prescriber environment, full access mode
- SD card inserted in the ventilator
- Audio pause active
- Ramp active

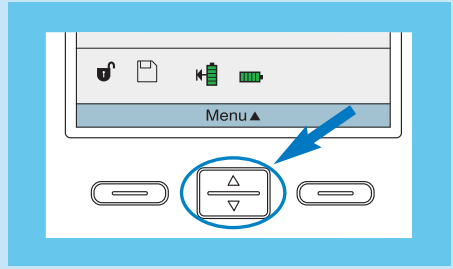
- Status of detachable battery
- Status of internal battery
- Status of external battery
- Battery is charging

Unlock procedure

To access Full Menu and change settings

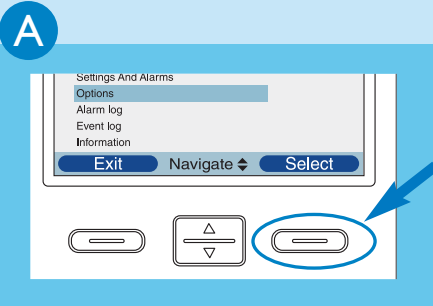



Press and hold  and  for a few seconds to access **Set-up** page

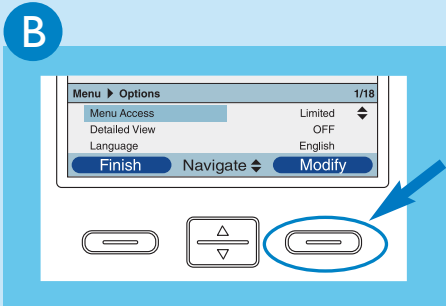



If  shows on the main screen, full menu access is already allowed. Press  to enter menu

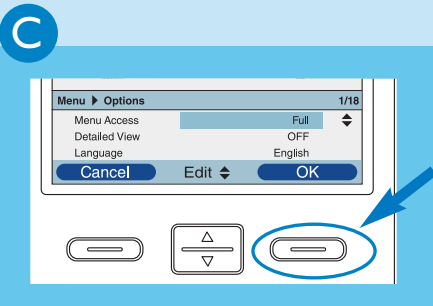
To keep full access to the settings





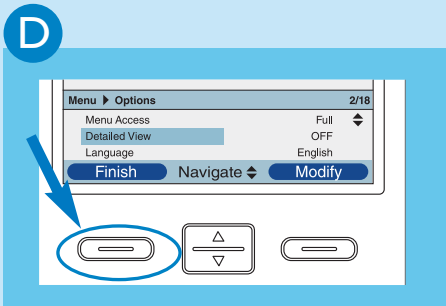
Navigate to **Options** and press  **Select**





Press  **Modify** to enter **Menu Access**



Change to **Full** using  and press  **OK** to confirm



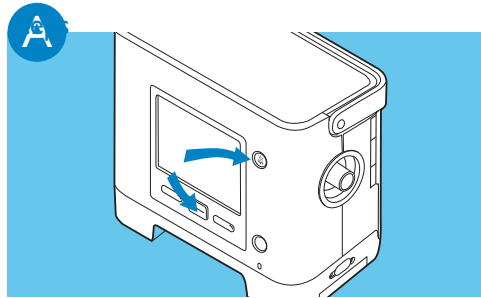
Press  **Finish** and  **Exit** to return to Initial Screen

Circuit set-up

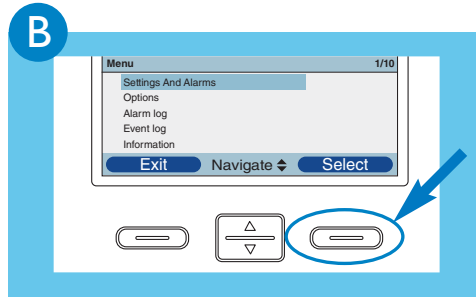
Currently we only use **PASSIVE EXHALATION PORT CIRCUITS** at South Tees
 Before operating Trilogy202 check circuit type is set to PASSIVE

Setting the circuit type

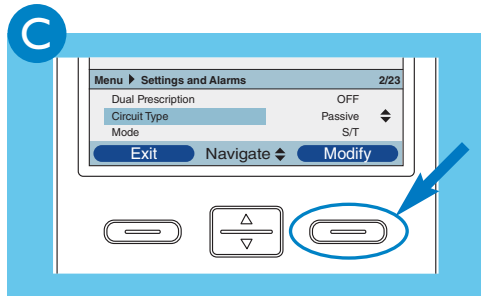
Make sure Trilogy202 is turned off before taking the following



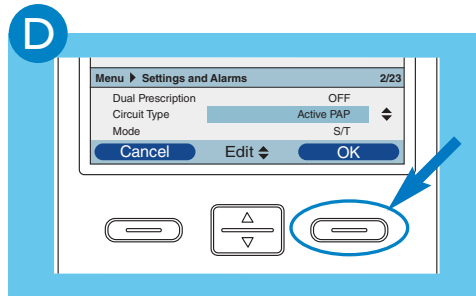
Press and hold and for a few seconds to access **Set-up** page



Select **Settings And Alarms**



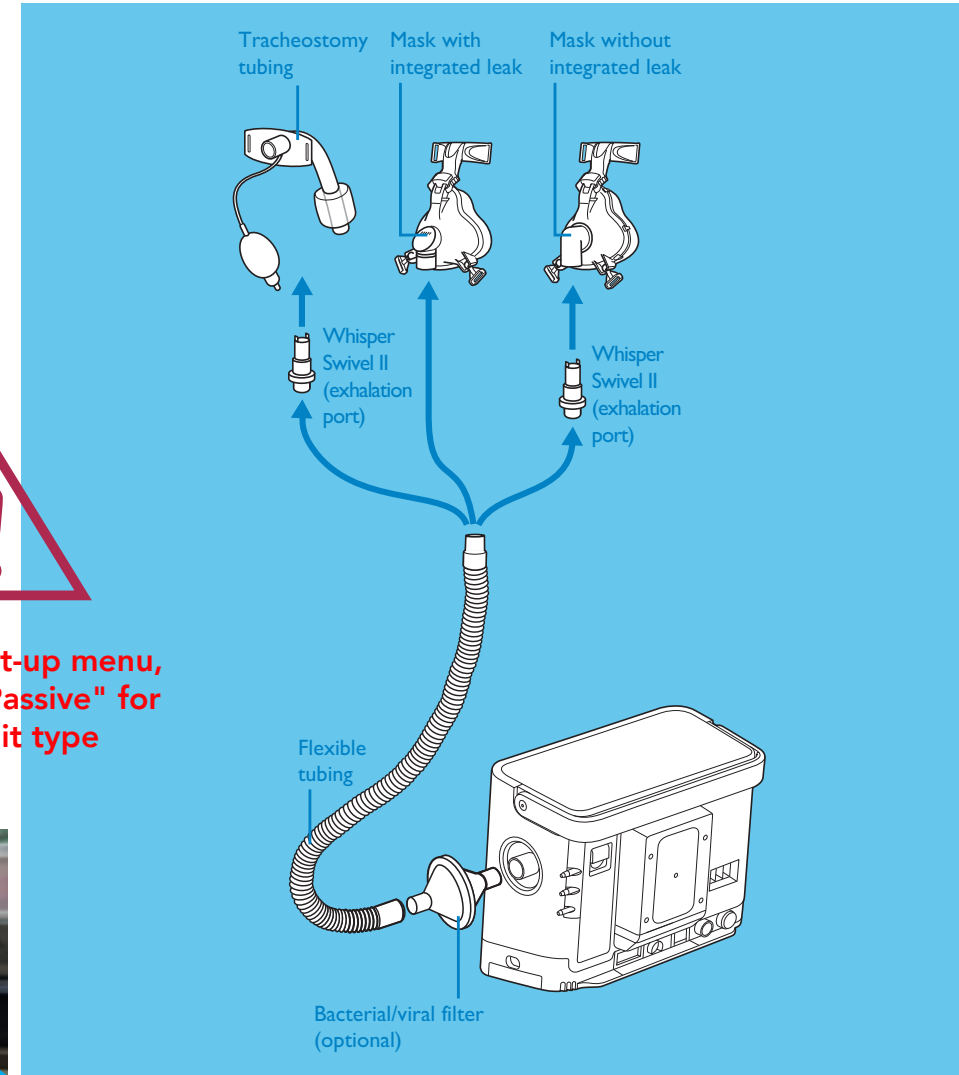
Navigate to **Circuit Type** and press



Use to choose **Active PAP**, **Active flow**, or **Passive** and then press twice to confirm

In the Set-up menu, select "**Passive**" for circuit type

Passive exhalation port circuit



Use the recommended exhalation port and check its patency

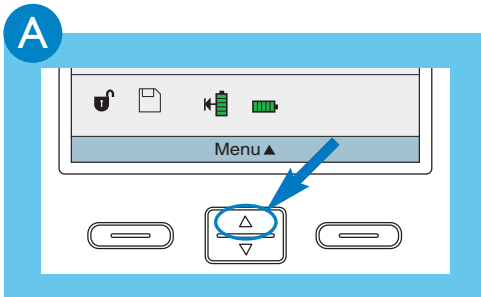
Please note that some masks have an integrated leak already incorporated but do not confuse it with the anti-asphyxia valve



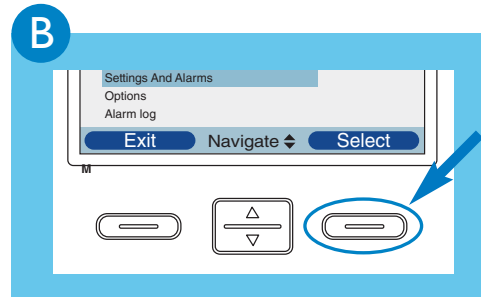
Anti-asphyxia valve

Exhalation port

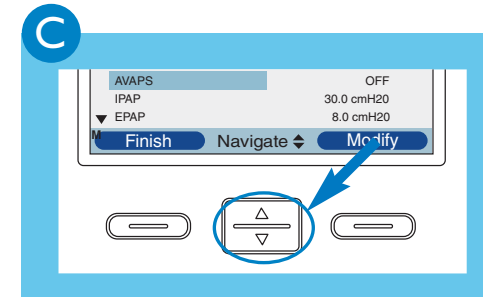
Ventilation set-up



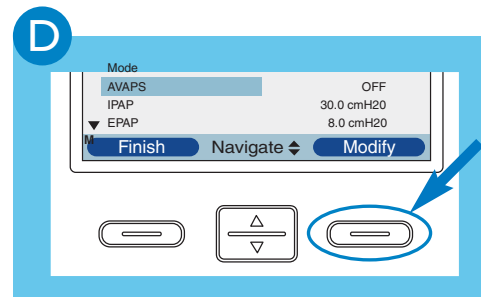
From main screen, press **Menu**



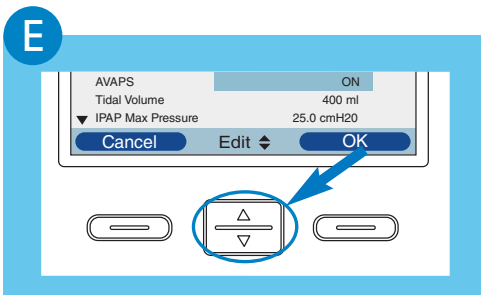
Select **Settings And Alarms**




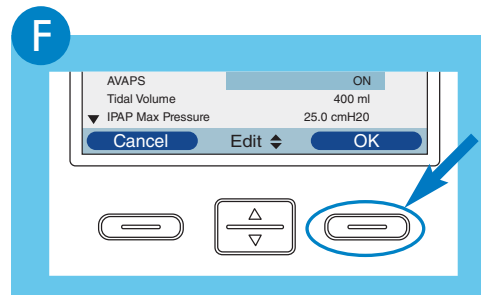
Scroll up and down using  to navigate through the settings and alarms



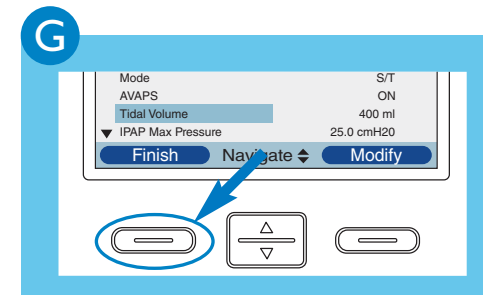
Press **Modify** to change the parameter highlighted in blue



Use  to change the value or status of setting



Press **OK** to validate new setting



Press **Finish** and **Exit** to return to the main screen

Philips Respironics Trilogy 202 ventilator

Non-Invasive suggested INITIAL settings and alarms

The following suggested INITIAL SETTINGS and ALARMS are based on current national guidelines and local guidelines.

Once patient is established on non-invasive respiratory support modify settings as per response.

Use single limb PASSIVE CIRCUITS with an EXHALATION PORT:

- WET CIRCUIT for FACE MASK: Fisher & Paykel humidifier circuit with added exhalation port
- DRY CIRCUIT for FACE MASK: Philips/Respironic circuit with the incorporated exhalation port
- DRY CIRCUIT for HOOD CPAP: use smoothbore single limb circuit, i.e., Intersurgical NIPPY circuit (remove exhalation port if present, the exhalation is through the PEEP valve)

Please see overleaf pictures for the position of filters, exhalation ports, PEEP valves and nebulisers.

	Continuous Positive Airway Pressure CPAP	Bilevel Positive Airway Pressure (BiPAP) or S/T
Dual prescription	OFF	OFF
Mode	CPAP	S/T (Spontaneous /Timed)
Circuit type	Passive	Passive
FLEX	OFF	
CPAP	5-10 cm H ₂ O	
AVAPS		OFF
IPAP		15-20 cmH ₂ O
EPAP		4 - 6 cm H ₂ O
Breath Rate		10-16 bpm
Inspiratory Time		1.5-2.0 seconds
FiO ₂	Select appropriate oxygen to keep target SpO ₂ as per patient need	
Trigger Type		Auto-Trak
Rise Time from IPAP to EPAP, 1 fast - 6 slow		2 – 3 (Adjust as per respiratory rate)
Ramp Length	OFF	OFF
Nebuliser Enabled	OFF	OFF
Circuit Disconnect Alarm	10 seconds	10 seconds
Apnea Alarm	10 - 20 seconds	10 - 20 seconds
Apnea Rate		Same as back up rate
High - Low Vte	150/250 ml above and below measured value	
High – Low Minute Ventilation	1 - 2 L/min above and below measured value	
High – Low Respiratory Rate	Set 10 breaths above and 10 breaths below actual resp. rate	


CPAP/NIV is an Aerosol Generated Procedure. Take appropriate IPC precautions.

Non-Invasive Ventilation Circuit Set Up


WET CIRCUIT for FACE MASK Fisher & Paykel (F&P) humidifier Circuit with added exhalation port

Wet circuit is not recommended if patient has suspected/confirmed IPC issues (e.g., COVID)


F&P humidifier with circuit



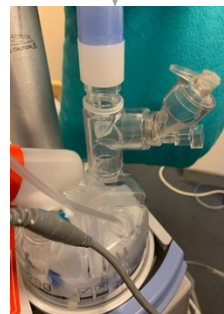
Mask with anti-asphyxia valve and exhalation port



Exhalation port added to circuit




Position of Aerogen nebuliser on dry limb of humidifier



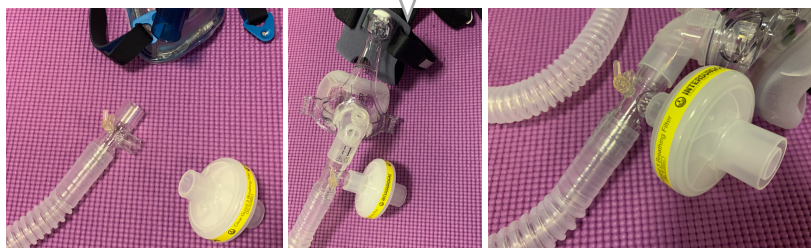
DRY CIRCUIT for FACE MASK Philips/Respironic Circuit with the incorporated exhalation port

- Remove pressure line that comes with the Philips/Respironic circuit and close the port
- Do not use vented mask or mask with integrated exhalation port (orange) that cannot be protected by viral filter if IPC issues


Circuit with exhalation port, face mask and viral filter on machine end and on exhalation




Viral filter to be added to exhalation port if IPC issues. Please change this filter every 24 hours or more often if wet or soiled



Position of Aerogen nebuliser on Philips/Respironic Circuit with viral filter on exhalation port to be used if any IPC issues



Position of Aerogen nebuliser on Philips/Respironic Circuit without viral filter on exhalation port



DRY CIRCUIT for CPAP HOOD with smoothbore single limb circuit, e.g., Intersurgical NIPPY Circuit (remove purple exhalation port)

Hood set with smoothbore circuit such as the Intersurgical NIPPY. circuit (remove purple exhalation port) viral filter on machine end and on hood before PEEP valve



Hood connection to viral filter F-F connector and PEEP valve



Philips Respironics Trilogy 202 ventilator

Invasive suggested INITIAL settings and alarms

The following suggested INITIAL SETTINGS and ALARMS are based on current national guidelines and local guidelines.

Once patient is established on invasive respiratory support modify settings as per response.

Use single limb PASSIVE CIRCUITS with an EXHALATION PORT:

- WET CIRCUIT for ETT or tracheostomy tube: Fisher & Paykel humidifier circuit with added exhalation port
- DRY CIRCUIT for ETT or tracheostomy tube: use Philips/Respironic circuit with the incorporated exhalation and HMEF

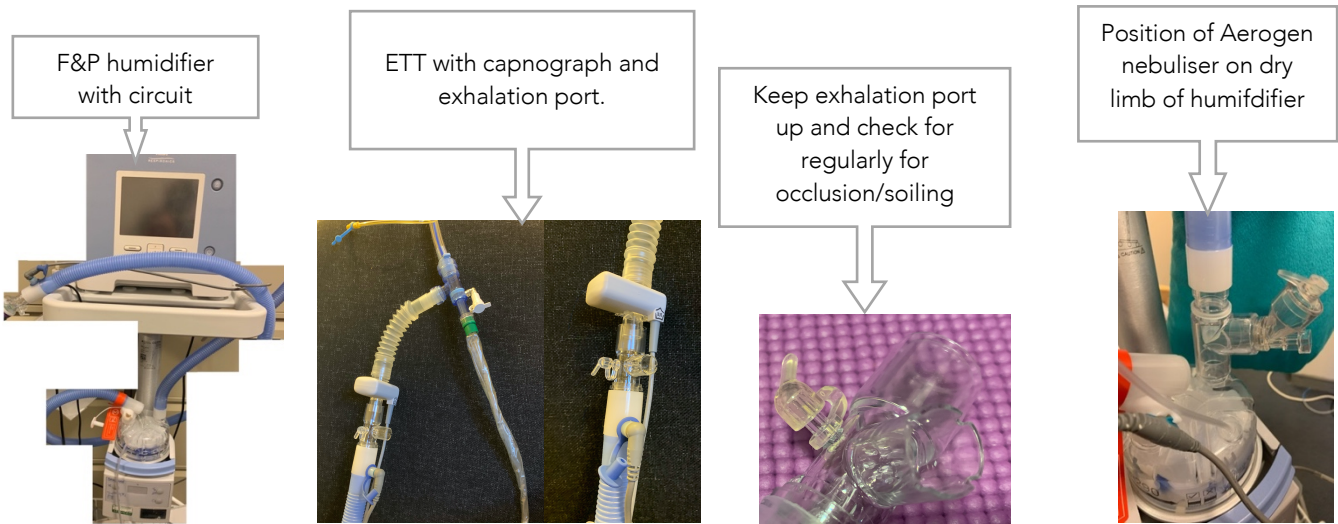
Please see overleaf pictures for the position of filters, exhalation ports and nebulisers.

	Continuous Positive Airway Pressure CPAP	Bilevel Positive Airway Pressure (BiPAP) or S/T	PC Pressure Control (Mandatory and Assisted)
Dual prescription	OFF	OFF	OFF
Mode	CPAP	S/T (Spontaneous /Timed)	PC
Circuit type	Passive	Passive	Passive
MPV			OFF
FLEX	OFF		
CPAP	5-10 cm H ₂ O		
AVAPS		OFF	OFF
IPAP		15-20 cmH ₂ O	20 cmH ₂ O
EPAP		4 - 6 cm H ₂ O	5-10 cmH ₂ O
Breath Rate		10-16 bpm	10-16 bpm
Inspiratory Time		1.5-2.0 seconds	1.5-2.0 seconds
FiO ₂	Select appropriate oxygen to keep target SpO ₂ as per patient need		
Trigger Type		Auto-Trak	Auto-Trak
Rise Time, 1 fast - 6 slow		2 – 3 (Adjust as per respiratory rate)	
Ramp Length	OFF	OFF	OFF
Nebuliser Enabled	OFF	OFF	OFF
Circuit Disconnect Alarm	10 seconds	10 seconds	10 seconds
Apnea Alarm	10 -20 seconds	10 -20 seconds	OFF
Apnea Rate		Same as back up rate	
High - Low Vte	150/250 ml above and below measured value		
High – Low Min Vent	1 - 2 L/min above and below measured value		
High – Low Resp Rate	Set 10 breaths above and 10 breaths below actual resp. rate		

Invasive Ventilation Circuit Set Up

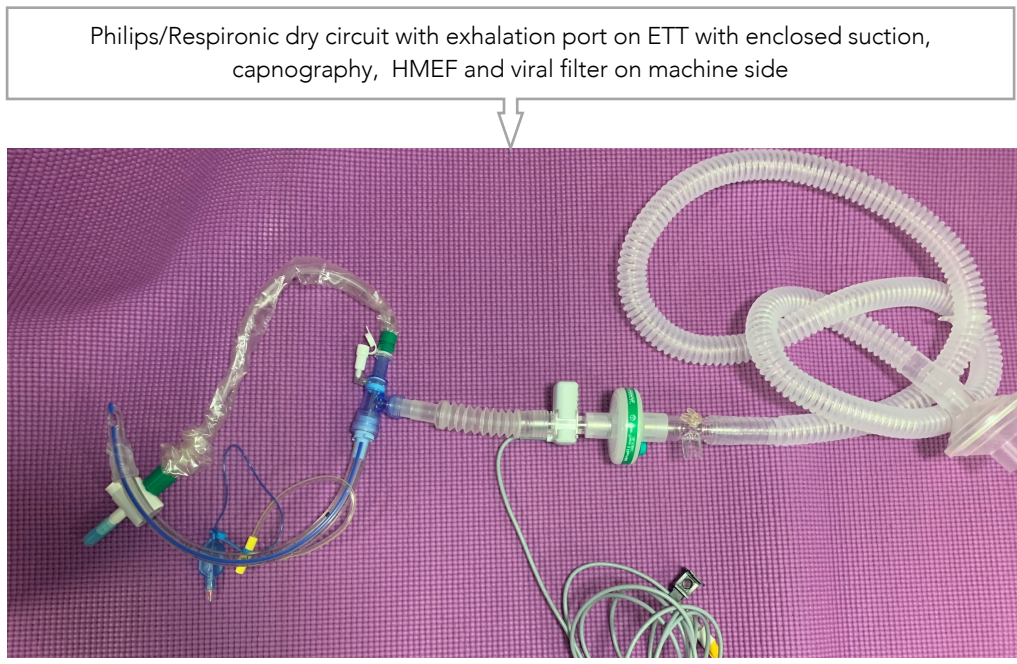
WET CIRCUIT for ETT/Tracheostomy with Fisher & Paykel (F&P) humidifier circuit with added exhalation port. Keep exhalation port up to avoid occlusion with secretions

Wet circuit is not recommended if patient has suspected/confirmed IPC issues (i.e., COVID)



DRY CIRCUIT for ETT/Tracheostomy with Philips/Respironic circuit with the incorporated exhalation port. Keep exhalation port up to avoid occlusion with secretions.

*Please remove pressure line that comes with the Philips/Respironic circuit and close the port
Check HMEF regularly. Change 24 hourly or earlier if wet/soiled.*



Philips/Respironic dry circuit with exhalation port on ETT with enclosed suction, capnography, HMEF and viral filter on machine side

From patient side: Capnography, HMEF and Exhalation Port, for ETT/tracheostomy

From patient side: Aerogen nebuliser, capnography, HMEF and Exhalation Port, for ETT/tracheostomy tube on dry circuit

