

B&B Medical Technologies
B&B Babi.Plus™ Bubble PAP Valve Evaluation

Hospital: _____

Unit: _____

RCP/RN: _____

Date: _____

Please rate the performance of the Babi.Plus Bubble PAP Valve™ according to the following criteria:

5 = Exceptional
 4 = Very Good
 3 = Good

2 = Poor
 1 = Unacceptable
 0 = Not Able to Rate

Return the Completed Evaluation form to the Product Evaluation Coordinator – Thank You

Humidifier System		Nasal Prongs System	
Water Fill Level during PAP delivery (line)		Set Liter Flow	Lpm
Set PAP Pressure on Bubble PAP	Cm H ₂ O	Delivered PAP	Cm H ₂ O
Location PAP Pressure Measured		Pressure Manometer Used	
Total Hours Applied			

Feature	Rating							Comments
	5	4	3	2	1	0	Total	
Ease of Use in Clinical Area								
Ease of Set Up & Application								
Stability of Positive Airway Pressure								
Ease of Maintenance of Bubblers								
Patient Comfort								
Overall Performance								

Does the Babi.Plus Bubble PAP Valve meet your patient and clinical needs?
 Yes No Because _____

Does the Babi.Plus Bubble PAP Valve save time?
 Yes No Because _____

How many times did you set up the Babi.Plus Bubble PAP Valve during the evaluation? _____

Additional Comments