

Virtual CPAP Home Safety Assessment and Patient Education



Patient Name: _____ Date: _____

Patient ID: _____

General Home Safety

- ☐ Patient confirms a safe and clean environment for CPAP use
- ☐ Patient has a stable surface (e.g. nightstand or table) near the bed for CPAP placement
- ☐ No known tripping hazards near the bed (e.g. loose rugs, extension cords)
- ☐ Home temperature and humidity are within a comfortable range for CPAP use
- ☐ If patient is prescribed O2 for in home use, O2 safety/No Smoking signs are posted and O2 safety rules are followed
- ☐ Patient has a working smoke detector in the home

Electrical Safety

- ☐ Accessible power outlet near the CPAP placement area
- ☐ CPAP power cord is in good condition (no fraying, exposed wires, etc.)
- ☐ CPAP plugged into a grounded outlet not controlled by a light switch
- ☐ No overloading of outlets or use of extension cords

CPAP Equipment Set-up Location

- ☐ Location is well-ventilated, avoiding direct exposure to sunlight or heating vents
- ☐ CPAP device can be placed at or below head level for optimal function
- ☐ Distilled water is available for the humidifier

Emergency Preparedness

- ☐ Patient has emergency contact information readily available
- ☐ Patient confirms backup power source or plan in case of power outage

Patient-specific Considerations

- ☐ Patient has the physical and cognitive abilities to use and maintain CPAP independently
- ☐ Caregiver is available and trained on CPAP usage, if assistance is needed

Patient Education

- ☐ Patient understands the results of their sleep study and why their prescriber has ordered CPAP therapy
- ☐ The appropriate mask was determined for the patient and mask fit verified
- ☐ Patient was educated on the installation of their device and all of its features
- ☐ Patient was educated on the routine cleaning and maintenance of their device and all related supplies
- ☐ Patient was educated on compliance guidelines, including the required face-to-face physician re-evaluation between days 31–91 after initiating therapy for continued coverage
- ☐ Patient was educated on how to troubleshoot minor issues and what to do if the CPAP machine malfunctions
- ☐ Patient was encouraged to download compliance and therapy tracker app
- ☐ Patient understands that they will be contacted by Synapse Health's sleep coaches at periodic intervals within their 90-day compliance period
- ☐ Patient understands how to contact Synapse Health to order supplies

Virtual Assessment Confirmation

- ☐ Patient has successfully demonstrated setup and use of CPAP equipment
- ☐ Patient has verbalized understanding of safety precautions and maintenance
- ☐ Patient has verbalized compliance requirements for insurance coverage of the device
- ☐ No immediate safety concerns or barriers for CPAP use identified during the virtual assessment and education

Trainer Signature: _____ Date: _____

Patient Signature: _____ Date: _____