CAREGIVER INSTRUCTIONS

Home Infant Monitoring

Apria Healthcare®
Follow all warnings and instruction labels on medical devices.

To obtain a copy of the manufacturer’s product manual, visit us at apria.com
Parent Checklist for Installing Your Home Infant Monitor

☐ Monitor is positioned on a dresser or sturdy surface, away from electrical interference and not higher than the infant’s head. See illustration on page 2.

☐ Alarm has been tested.

☐ The alarm can be heard throughout the house.

☐ I am able to respond to the alarm in 10 seconds.

☐ Pencil and event sheet are on the dresser.

☐ Light is on the dresser.

☐ Telephone is conveniently located.

☐ Phone numbers are posted by the phone.

☐ Home address is clearly visible from the street.

☐ Notification has been mailed to emergency/rescue squad.

☐ Notifications have been mailed to electric and telephone companies.

☐ Flashlight is handy in case of power failure.

An Important Note About Infant CPR Certification

The home infant monitor is not a life-sustaining device! A certified infant cardiopulmonary resuscitation training session is strongly recommended for all parents and caregivers prior to delivery of infant monitoring devices. Apria Healthcare can provide the caregiver with names and locations of hospitals, American Heart Association and Red Cross centers that are accredited providers of CPR training.
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Operating Your Home Infant Monitor

Your physician has prescribed a home monitor for your infant. This machine is a device which will “monitor” your infant while sleeping or during other instances when you are not observing your infant. If your infant stops breathing or if there is a change in heart rate, the monitor alarms to alert you. The monitor provides a means of surveillance, but it is NOT a lifesaving device. Your infant should be monitored whenever sleeping and whenever you are not observing. While your infant is being monitored you should be near enough to be able to respond to any alarm within 10 seconds.

Apria Healthcare wants to help you adjust to the monitor and prevent it from causing a major disruption in your life. Before your infant is discharged, we strongly suggest each caregiver attend a monitor review and CPR training session. These training sessions provide you with an opportunity to become familiar with the monitor, to feel comfortable using it, and to know how to respond appropriately if a problem occurs.

Finally, we want to emphasize that throughout your monitoring experience, you are not alone. We care about your infant, we care about you, and we are available for equipment problem calls 24 hours a day, seven days a week.
Your Monitoring Equipment

Although monitoring equipment may vary in appearance, most models contain the following features: **alarm lights**, **an audible alarm**, **a reset button**, and **alarm limits** set by your physician.

Your Infant’s Room

When setting up the room for your infant, the following are important points to remember:

- Place the monitor on a sturdy dresser or table at the crib-side. Be sure that the location selected allows you to see the monitor alarm lights upon entering the room. Be sure nothing is near the monitor to muffle the monitor alarm sound.

- If you have toddlers, keep the monitor out of their reach.

- The monitor should be placed on a surface that does not easily conduct electricity. Never place the monitor on or near a TV set or other device that may cause electrical interference (e.g., microwave ovens, cordless telephones, remote controlled toys, infant room monitors, computer, etc.).

- An extension cord should never be used to connect the monitor to the electrical outlet. Place the crib and dresser near a wall outlet. Most Apria home infant monitors use a “2-prong” power plug and do not require a 3-prong, grounded AC power outlet. However, if the equipment that has been provided to you has a 3-prong power plug and your home does not have 3-prong power outlets, your patient service technician will exchange your home infant monitor for a unit that utilizes the 2-prong plug.

- Keep the event charts and a pencil or pen on a clipboard beside the monitor.

Never connect the infant monitor using an extension cord.
• Place a phone in the room where your infant sleeps. If an emergency arises, it will probably occur in this room and the phone would be needed to call for assistance.

• Place the emergency/rescue squad and your physician’s phone numbers near the phone.

• Don’t put the monitor on a surface higher than the infant — this way the infant can’t pull the monitor down onto his/her head.

• Make sure the lead wires and patient cable are kept towards the infant’s feet so that the wires or cable do not become tangled around the infant’s neck.

Support Systems

The next several months may be stressful for you and your family. Your infant will demand a considerable amount of time. The following are suggestions which will help to minimize the stress and time requirements:

• Use the monitor to help you watch your infant.

• Your infant should not be restricted to the bedroom. Take the monitor from room to room so your infant can be with the rest of the family.

• If your infant is left with a sitter, the sitter needs to be trained in CPR and in the operation of the monitor. CPR classes can be arranged through the American Red Cross or the American Heart Association.

• Apria Healthcare is available for equipment-related service 24 hours a day, seven days a week.

• Letters have been provided at the end of this booklet to notify local utility companies and your emergency/rescue squad of your infant’s special needs. Be sure these letters are mailed to the appropriate places prior to discharge.

• Parent support groups are available in many areas.

Other Considerations

• Explain monitoring equipment and its purpose to older brothers and sisters. Include them in your infant’s care. If they are old enough, you may want them to learn infant CPR.

• Be sure that your home address can be seen clearly from the street.
• Be sure that the monitor can be heard in all areas of the house.
• When taking a shower or operating noisy equipment, such as the dishwasher or vacuum, have someone else available to listen for the monitor.
• At night, have a plan for answering alarms, i.e., who answers the first alarm, mom or dad?

Your Equipment and Supplies
It is important that you maintain an adequate supply of lead wires, electrode belts and permanent or disposable electrodes. You will receive electrodes, two belts and two sets of lead wires in your initial home care kit. You may alternate the electrode belts so they can be laundered. However, use only one set of lead wires and electrodes at a time and keep the other as a spare. If an electrode or lead wire becomes faulty, you will experience continuous or repeated loose lead alarms. If this occurs, discard the faulty electrode and lead wires, and replace them with the spare. Call Apria Healthcare to order a replacement set of lead wires or electrodes.

NOTE: It is your responsibility to always have an extra set of electrodes and lead wires on hand. Having an extra set will ensure that you always have the proper supplies necessary to monitor your infant.

Ordering Supplies
Supplies may be ordered any weekday. Please place all orders as early in the day as possible to allow time for them to be mailed out the same day.

Remember:
• Order additional supplies as soon as you use your extra ones.
• Make sure that all caregivers (i.e., nannies, babysitters) know how to order supplies or inform you when supplies are needed.
• If you are planning a trip, make sure you will have enough supplies available to adequately meet your needs. Obtain the name of the Apria Healthcare location nearest your destination.
• Use only the supplies provided by Apria Healthcare.
Permanent Electrodes

Electrodes
- Disconnect electrodes from the lead wires before cleaning.
- Wash the electrodes daily with mild soap and water, rinse well and dry. **Do not** clean them with alcohol or other drying agents.

Lead Wires
- Handle lead wires by the plastic grips.
- Do not tie the lead wires in knots.
- The lead wires, color-coded for convenience, may be interchanged if necessary. The right side electrode must be connected to the white (RA) plug and the left side electrode must be connected to the black (LA) plug.
- **Never attempt to insert lead wires into an electrical outlet.**

Electrode Belt
- Hand wash the belt as necessary.
- Air dry the belt. **Do not dry the belt in a clothes dryer.** Avoid any other source of heat, such as radiators.

Placement

**Step 1:** Wash and dry your infant’s chest with a mild soap and water every day. **Never** use baby oils, lotions, or powders on the electrode sites, as these products cause poor conduction. Good skin care is essential. If skin irritation develops, contact your infant’s physician as soon as possible.

**Step 2:** Place the belt on a flat surface facing up.

**Step 3:** Connect the lead wires to the electrodes. The **white** lead wire is connected to the electrode on the **right** side of your infant’s chest. The **black** lead wire is connected to the electrode on the **left** side of your infant’s chest.
Step 4: Place the electrodes on the belt with the smooth side facing up and the inserts for the lead wires pointing towards the bottom of the belt. The electrode should be placed on the belt so that when the belt is wrapped around your infant, each electrode will be horizontally in line with the nipple, about one to two inches below the armpit or halfway between the armpit and the bottom of the rib cage. As your infant grows, you will need to adjust the position of the electrodes downwards, toward the lower part of the rib cage, below the nipples.

Step 5: Wrap the belt snugly around your infant. Only one finger should fit tightly between your infant’s chest and belt. A loose belt will cause false alarms. If the belt is too large it can be trimmed.

Step 6: Connect the loose ends of the lead wires to the patient cable according to the color codes. Push the wire into the cable connection until it “snaps” in place.

Disposable Electrodes

Electrodes
- Replace the electrodes approximately every two to three days.

Lead Wires
- Handle the lead wires by the plastic grips.
- Do not tie the wires in knots.
**Placement**

**Step 1:** Before using the disposable electrodes, wash and dry your infant’s chest with a mild soap and water. *Never* use baby oils, lotions or powders on the electrode sites as these products cause poor conduction.

**Step 2:** Remove the backing from the foam pad on the electrode.

**Step 3:** Stick the electrodes on your infant’s chest horizontally in line with the nipple, about one to two inches below the armpit or halfway between the armpit and the bottom of the rib cage.

**Step 4:** Connect the lead wires to the snaps on the electrodes.

**Step 5:** Connect the loose ends of the lead wires to the patient cable according to the color codes. Push the wire into the cable connection until it “snaps” in place.
Responding to an Alarm

If the monitor alarm sounds, the following actions should be taken:

Step 1: Respond as quickly as possible (within 10 seconds).

Step 2: If the alarm is a continuous (steady) sound, this indicates a monitor, lead or battery problem. If the alarm is intermittently beeping, this indicates an infant problem (event). If it is a beeping alarm, count the beeps as you respond.

You should respond to ALL alarms as though they are true events!

Step 3: Check your infant first. Ignore the monitor until you are satisfied that your infant is all right.

- Check your infant’s color — normal color, pale, dusky (skin color that is darker than usual) or blue. Fingernails and lips are the best areas to observe color.
- Without touching your infant, check his/her breathing. The nostrils and tummy are the best areas to observe breathing. When breathing, your infant’s nostrils will flare and the tummy will contract.

Step 4: If your infant is breathing and the color is good, check the electrodes, lead wires and patient cable to determine the cause of the false alarm.

Step 5: If your infant is not breathing, gently stimulate him/her. If he/she is still not breathing, stimulate vigorously.

Step 6: If your infant is still not breathing, begin CPR.

Note: Anytime you have had to breathe for your infant, you must call the emergency/rescue squad for immediate transport to the nearest emergency room.

When to Call for Assistance

Whenever you have a problem, no matter what time it is, call for assistance. The nature of the problem will determine who you should call.

Medical Assistance

- If you have to resuscitate your infant, call the emergency/rescue squad to transport your infant to the nearest emergency room. Take the monitor with you to the hospital.
- If your infant has an episode that requires stimulation, follow the guidelines provided by your physician.
- If your infant is experiencing real alarms, follow the guidelines provided by your physician.
Apria Healthcare Assistance

- If you are having monitor problems, notify Apria Healthcare.
- If you need supplies, call Apria Healthcare during business hours.
- If you move, change your phone number or are going away for an extended vacation, notify Apria Healthcare.
- If you have any questions regarding monitor operation, supplies or our service, call Apria Healthcare.

Handling Alarm Problems

False Alarms

If you are experiencing alarms and your infant is fine, try the following:

Step 1: Clean your infant’s chest.

Step 2: Clean the patches.

Step 3: Reapply the belt snugly.

Step 4: Readjust the sensitivity dial, if your monitor has one.

Step 5: Change the lead wires and check all connections.

Step 6: Try using a different electrical outlet.

Interference

Electrical interference may cause a false alarm. If you suspect outside electrical interference is causing the monitor to alarm, discuss it with your Apria Healthcare representative. The following actions may be helpful in alleviating the problem:

- Try using a different electrical outlet.
- Loosely coil the patient cable and tie it with a twist tie.
- Make sure to keep potential sources of interference, such as microwave ovens, cordless telephones, remote controlled toys, infant room monitors, etc., as far away from the monitor as possible.

Record Keeping

Event Chart

An event chart is included in the back of this manual (on page 16). It is important to print that page and fill out the chart accurately. Bring it to each visit with your physician. It will be used when re-evaluating your infant for continued monitor use. Please make additional copies of the chart, if needed.

The event chart should be filled out as follows:
Settings

Write your infant’s name and monitor settings in the upper right-hand corner of the sheet. At the time of discharge from the hospital, you will be informed of the **Low Heart Rate, High Heart Rate** and **Apnea Time Delay** settings that have been prescribed by your physician. If after discharge your physician adjusts the settings on the monitor, you will need to indicate this by changing the numerals in the appropriate spaces. You should never change these settings without your physician’s permission. Be sure to notify Apria Healthcare if your physician adjusts settings.

Event

Under this section, include the **Date** and **Time** of every event, as well as the **Number of Beeps** that occurred. By writing down these important facts, your physician will be able to determine how often and how long your infant may have experienced an event. If no beeps occur but the alarm light comes on, it is important to indicate this by placing a zero in the beep column. Not hearing a beep does not mean you slept through an alarm, as there is a fraction of a delay between the illumination of the red light and the beep. The infant may have self-corrected before the audible alarm came on.

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### Event Chart for Infant Monitoring

<table>
<thead>
<tr>
<th>Event</th>
<th>Baby</th>
<th>Alarm</th>
<th>Action</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time: AM or PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Beeps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awake</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asleep</td>
<td></td>
<td></td>
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<tr>
<td>Breathing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Not Breathing</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
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<tr>
<td>Normal Cough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paleo</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Blue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apnea Alarm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Heart Rate</td>
<td></td>
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<tr>
<td>High Heart Rate</td>
<td></td>
<td></td>
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<tr>
<td>Low Heart Rate Alarm</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>High Heart Rate Alarm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touched Baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep Simulation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vigorous Simulation</td>
<td></td>
<td></td>
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<tr>
<td>CPR</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Milk of Marker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Please make additional copies of the Event Chart, if needed

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*Fill in the Event Chart on page 16*
Infant

This section will indicate how your infant appeared during an event. Check the appropriate blocks. For example, if your infant is napping when the alarm sounds, check Asleep. When you look at your infant, if he/she is breathing and appears to have normal color, indicate this by checking Breathing and Normal Color. If your infant did not appear to be breathing and his/her color was different than usual, check Not Breathing and the appropriate box that matches the color of your infant (i.e., Pale, Dusky, Blue).

Monitor

If the alarm sounds, indicate this on the event chart. It will be evident that an alarm sounded by the illuminated alarm light. The light will stay on after the audible alarm ceases. Mark the appropriate alarm: Respiration, Low Heart Rate or High Heart Rate. Note: It is not necessary to record loose lead alarms.

Action

This section is devoted to the actions you took with your infant. For example, if your infant appears normal and the alarm automatically ceased without intervention, mark Nothing — Infant Corrected. If your infant does not appear to be breathing and touching stimulation is used, indicate what action you used.

Comments

The Comments section of the event chart is to be used for any thoughts, ideas, actions or statements you wish to make in addition to the blocks you have already marked in response to an alarm situation. Comments would include such things as a fever, coughing, cold, nursing, vomiting or diarrhea. Also, changes in your infant’s normal behavior patterns such as teething, excessive irritability or immunization dates would be important to include.

Things to Remember

• Do not rely totally on the monitor.
  Always check your infant first.
• Do not panic.
• Keep the telephone nearby.
• Keep the telephone numbers of the emergency/rescue squad, your physician and Apria Healthcare handy.
• Review CPR protocol weekly.
• Mail out the emergency/rescue squad and utility letters provided in the back of this booklet.
• It is important to remember your infant needs to be held and loved. Do not be afraid to provide the physical contact that an infant requires.

Physical Problems

If you experience severe physical problems, call 911 or your local emergency services.

If you experience any physical change, call your physician.

If you are having trouble with your equipment call Apria Healthcare.
## Troubleshooting

<table>
<thead>
<tr>
<th>Trouble</th>
<th>Probable Cause</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apnea alarm when breathing is present (no color change)</td>
<td>Loose belt</td>
<td>Check to be sure the belt is snug around your infant’s chest.</td>
</tr>
<tr>
<td></td>
<td>Shallow breathing</td>
<td>Check to be sure the electrodes are placed under your infant’s armpit opposite each other.</td>
</tr>
<tr>
<td></td>
<td>Dry electrodes</td>
<td>Place a drop of water under each electrode, against your infant’s skin.</td>
</tr>
<tr>
<td>Slow heart rate (with no color change)</td>
<td>Loose belt</td>
<td>Check to be sure the belt is snug around your infant’s chest.</td>
</tr>
<tr>
<td></td>
<td>Dirty electrodes</td>
<td>Clean electrodes with soap and water each day.</td>
</tr>
<tr>
<td></td>
<td>Lotion, oil, or powder on skin under electrodes</td>
<td>Clean lotion, oil or powder off your infant’s skin under electrodes.</td>
</tr>
<tr>
<td></td>
<td>Inappropriate setting for age of infant</td>
<td>Contact your physician for prescription change.</td>
</tr>
<tr>
<td></td>
<td>Dry electrodes</td>
<td>Place a drop of water under each electrode, against the infant’s skin.</td>
</tr>
<tr>
<td>Lead alarms</td>
<td>Loose belt</td>
<td>Check to be sure the belt is snug around your infant’s chest.</td>
</tr>
<tr>
<td></td>
<td>Disconnection</td>
<td>Check and tighten each connection, working from the monitor to the patient cable.</td>
</tr>
<tr>
<td></td>
<td>Broken lead wires</td>
<td>Replace lead wires with new wires.</td>
</tr>
<tr>
<td></td>
<td>Worn out electrodes</td>
<td>Replace electrodes with new electrodes.</td>
</tr>
</tbody>
</table>
Emergency/Rescue Squad:
Notification of Home Infant Monitoring

Attention:
Director of Emergency Services

_________________________________ is under a physician’s care for sleep apnea and/or bradycardia. This infant is at risk for recurrent episodes of apnea and bradycardia and may require resuscitation. Therefore, the infant is being monitored for breathing and heart rate. If these rates fall, an alarm sounds alerting the parents, who have been advised to obtain instruction in cardiopulmonary resuscitation. If the infant requires resuscitation, they will begin CPR and call for your help to transport the infant to the nearest emergency room. Therefore, if your department receives a call from this home, immediate response is urgent.

Usually, these infants outgrow the problem and are discontinued from monitoring before one year of age and are completely normal children.

The monitor is being supplied by Apria Healthcare.

Apria may be contacted at: ___________________________________________________

The infant’s physician: _______________________________________________________

may be contacted at: _______________________________________________________

Parent’s name _____________________________________________________________

Infant’s name _____________________________________________________________

Address ___________________________________________________________________

Phone __________________________________________     Date ____________________

Apria Healthcare®
Attention: Customer Service

_____________________________ is under physician’s care for sleep apnea and/or Bradycardia. Apnea means that the infant stops breathing and Bradycardia means slowing of the heart rate. Both conditions can interfere with blood flow to the brain, and if untreated, may result in brain damage or death.

Therefore, while the infant is sleeping at home, the breathing and heart rate are monitored with a device to detect these spells. If apnea occurs, the caregiver breathes for the infant and calls for help. Telephone contact with emergency services must be available at all times. The telephone company’s support is urgently needed.

If there is an interruption of service, please place the home on a priority list for restoration of services. If there is a forewarning of temporary phone disconnection, please notify the home so that proper arrangements can be made for emergencies.

The monitor is being supplied by Apria Healthcare.

Apria may be contacted at: ____________________________________________________

The infant’s physician: _______________________________________________________

may be contacted at: _______________________________________________________

Parent’s name ______________________________________________________________

Infant’s name ______________________________________________________________

Address ___________________________________________________________________

Phone ___________________________     Date ____________________
Electric Company:
Letter for Special Consideration

Attention:
Customer Service

_________________________________ utilizes a home electronic heart and respiratory monitor because he/she stops breathing occasionally throughout the day and night. The home monitor and the availability of emergency care are essential to the survival of the child. It would be helpful if your company would notify the parents of any anticipated interruption of electrical power services before the fact. When power failure occurs, please place the home on a priority list for the restoration of electricity.

The monitor is being supplied by Apria Healthcare.

Apria may be contacted at: ___________________________________________________________

The infant’s physician: __________________________________________________________
may be contacted at: __________________________________________________________

Parent’s name ________________________________________________________________
Infant’s name ________________________________________________________________
Address ______________________________________________________________________
Phone __________________________________________ Date ____________
Event Chart for Infant Monitoring

Baby’s Name: ___________________________  Settings: Apnea Time Delay ______ sec. / High Heart Rate _______ bpm / Low Heart Rate _______ bpm

<table>
<thead>
<tr>
<th>EVENT</th>
<th>BABY</th>
<th>ALARM</th>
<th>ACTION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>Time: AM or PM</td>
<td>Number of Beeps Counted</td>
<td>Awake</td>
<td>Asleep</td>
</tr>
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</tbody>
</table>

NOTE: Please make additional copies of the Event Chart, if needed
Feedback on Our Services

Apria Healthcare is among America’s most experienced and respected home respiratory care providers, and our patient satisfaction scores are consistently high. It is possible, however, that you may have a concern and we welcome feedback. To voice a concern, you should take these steps:

1. Call the Apria Customer Service for Patient Concerns at 1 (800) 260-8808 OR
2. Contact us by e-mail at: Patient_Satisfaction@apria.com OR
3. Visit our web site at apria.com

Satisfaction Survey Process

Our goal is to ensure your satisfaction. You will likely receive an Apria patient satisfaction questionnaire and we hope that you will take a few minutes to fill it out and return it to us. The postage is prepaid by Apria Healthcare.