Memorial
Hospital

DATE

PATIENT LABEL

RESPIRATORY CARE VENTILATOR FLOWSHEET

USE NEW FLOWSHEET FOR EACH 12 HOUR SHIFT

		VENTILATOR SETTINGS											VENTILATOR ALARM SETTINGS										PT. DATA / OBSERVATION									
																		APNEA														
Date	Time	Mode	FIO2	VT	RR	PEEP	PS / FB	Sighs	PF	WF	SENS	TEMP	HI Press Limit	Low Insp Press	Low PEEP / CPAP Press	Low Ex VT	Low Ex MV	Delay	VT	RR	PF	FiO2	VT	MV	RR	I:E Ratio	PAP	Plateau Press	Cuff Press	% Sat	Circuit Chg	Ther. Init.

WEANING PARAMETERS

1. NIF ____ VC ____ VT ____ RR ____ MV ____ TIME ____ SIGNATURE ____

2. NIF ____ VC ____ VT ____ RR ____ MV ____ TIME ____ SIGNATURE ____

COMMENTS

THERAPIST INITIALS	THERAPIST SIGNATURE