

University Medical Center
 Respiratory Care Department
 Ventilator Flow Sheet

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|----------------|------|----------------|------|
| SIGNATURE/CRED | INIT | SIGNATURE/CRED | INIT |
| | | | |
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| DATE | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| TIME | | | | | | | | | | | | | | | | | | | | | | | | | |
| INITIALS | | | | | | | | | | | | | | | | | | | | | | | | | |
| V E N T I L A T O R S E T T I N G S | VENTILATOR TYPE | | | | | | | | | | | | | | | | | | | | | | | | |
| | MODE | | | | | | | | | | | | | | | | | | | | | | | | |
| | FIO2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRESET VE | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRESET BREATHS/MIN | | | | | | | | | | | | | | | | | | | | | | | | |
| | TIDAL VOLUME | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIMV BREATHS/MIN | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSP TIME % / PAUSE TIME % | | | | | | | | | | | | | | | | | | | | | | | | |
| | RISE TIME % / SLOPE TIME (SEC) | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSP / EXP TIME (SEC) | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSP / EXP PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | |
| | FLOW RATE | | | | | | | | | | | | | | | | | | | | | | | | |
| | FLOW PATTERN | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRESSURE CONT / SUPPORT | | | | | | | | | | | | | | | | | | | | | | | | |
| | PEEP / EFFECTIVE PEEP | | | | | | | | | | | | | | | | | | | | | | | | |
| | TERMINATION SENSITIVITY | | | | | | | | | | | | | | | | | | | | | | | | |
| | TRIGGER (FLOW / PRESSURE) | | | | | | | | | | | | | | | | | | | | | | | | |
| | WORKING PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | |
| | ATC (ETT / TRACH) | | | | | | | | | | | | | | | | | | | | | | | | |
| | ATC (TUBE SIZE / % COMP) | | | | | | | | | | | | | | | | | | | | | | | | |
| HUMIDIFICATION | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | HME | H2O | |
| EXPIRATORY FILTER (STAR / DISP) | | | | | | | | | | | | | | | | | | | | | | | | | |
| A L A R M S | UPPER / LOWER VE LIMIT | | | | | | | | | | | | | | | | | | | | | | | | |
| | UPPER / LOWER FIO2 LIMIT | | | | | | | | | | | | | | | | | | | | | | | | |
| | UPPER PRESSURE LIMIT | | | | | | | | | | | | | | | | | | | | | | | | |
| | LOW PRESSURE LIMIT / DELAY | | | | | | | | | | | | | | | | | | | | | | | | |
| | HIGH / LOW RR | | | | | | | | | | | | | | | | | | | | | | | | |
| | LOW PEEP | | | | | | | | | | | | | | | | | | | | | | | | |
| P A R A M E T E R S | BREATHS / MIN | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSPIRATORY VT | | | | | | | | | | | | | | | | | | | | | | | | |
| | EXPIRATORY VT | | | | | | | | | | | | | | | | | | | | | | | | |
| | SPONTANEOUS / PS VT | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL VE | | | | | | | | | | | | | | | | | | | | | | | | |
| | PEAK / PALSE PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | |
| | MEAN PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | |
| | STATIC COMPLIANCE | | | | | | | | | | | | | | | | | | | | | | | | |
| | AIRWAY RESISTANCE | | | | | | | | | | | | | | | | | | | | | | | | |
| | VITAL CAPACITY / NF | | | | | | | | | | | | | | | | | | | | | | | | |
| | SpO2 / EtCO2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | NO / NO2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | TcO2 / TcCO2 | | | | | | | | | | | | | | | | | | | | | | | | |
| TCM TEMPERATURE | | | | | | | | | | | | | | | | | | | | | | | | | |
| O T H E R | PRE-USE CHECK COMPLETE | | | | | | | | | | | | | | | | | | | | | | | | |
| | CIRCUIT CHANGED | | | | | | | | | | | | | | | | | | | | | | | | |
| | ETT SIZE / PLACEMENT | | | | | | | | | | | | | | | | | | | | | | | | |
| | CUFF PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | |
| | VENT OBDCS VERIFIED | | | | | | | | | | | | | | | | | | | | | | | | |

COMMENTS

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