Your
Hospital's
Logo
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Street Address
City, State Zip

PATIENT IDENTIFICATION

RESPIRATORY CARE SERVICES
ADULT MECHANICAL VENTILATOR FLOW SHEET

SIGNATURE	TITLE	UNIT
SIGNATURE	TITLE	UNIT
SIGNATURE	TITLE	UNIT
SIGNATURE	TITLE	UNIT

VENTILATORY INDEX	NORMAL VALUES
Airway Resistance: Raw = (PIP - Plat) / flow	< 15 cm H20 / (L / sec)
NOTE: before calculating Raw, you must first change flow to L / sec by dividing the flow rate by 60	
Compliance:	
Cdyn = Vt / (PIP - PEEP)	> 50 ml / cm H2O
Cst = Vt / Plat - PEEP)	> 30 to 50 ml / cm H2O
Time Constant:	
t = Raw x Cdyn	

WEANING FROM MECHANICAL VENTILATION

Rapid Shallow Breathing Index:
RSB index = f (breathes per minute) / Vt (liters)

If f / VT > 100 breathes per min / L, weaning failure is likely

Vt	[≥ 5 ml / kg]
VC	[> 10 ml / kg (2 x Vt)]
f	[8 - 20 breaths per min]
Ve	[≤ 10 L / min]
MIP / NIF	[≥ -20 CM H2O]

OXYGEN INDEX	NORMAL VALUES
Alveolar air equation: $PAO_2 = (Pb - PH_2O) FiO_2 - (PaCO_2 \times 1.25)$	
Alveolar - Arterial O2 tension gradient $PAO_2 - PaO_2$	< 350
Arterial / Alveolar O2 tension ratio PAO_2 / PaO_2	> .8 to .9
PaO2 - FiO2 Ratio $P / F = PaO_2 / FiO_2$	> 200
Arterial O2 Content $CaO_2 = (Hb \times 1.36 \times SaO_2) + (PaO_2 \times .003)$	15 - 24 ml / dl of vol
Venous O2 Content $CaO_2 = (Hb \times 1.36 \times SvO_2) + (PvO_2 \times .003)$	12 - 15 ml / dl of vol
Arterial-Venous O2 Content Difference $C(a-v)O_2 = CaO_2 - CvO_2$	4.2 - 5.0 ml / dl of vol
O2 Delivery $DO_2 = CO \times CaO_2 \times 10$	750 - 1000 ml / min
O2 Consumption $VO_2 = CO \times (CaO_2 - CvO_2) \times 10$	200 - 250 ml / min
Oxygen Extraction Ratio $O_2ER = (VO_2 / DO_2) \times 100$	25%
Venous Oxygen Saturation $SvO_2 = SaO_2 - (VO_2 / DO_2)$	25%

PART OF THE MEDICAL RECORD

NIGHT SHIFT ASSESSMENT

ARTIFICAL AIRWAY: ☐ ETT Size _____ Position _____ @ LIP

☐ ETT advanced to _____ cm @ LIP   ☐ ETT retracted to _____ cm @ LIP

☐ Tracheostomy: Type _____ Size _____ Artificial Airway Cuff Pressure _____ cm H2O

HR: _____   BP: _____

SECRETIONS: ☐ Thick ☐ Thin ☐ Small ☐ Moderate ☐ Large

CHEST MOVEMENT: ☐ Equal / Bilateral ☐ Asymmetrical ☐ Other _____

GENERAL APPEARANCE: ☐ Comfortable ☐ Labored Breathing ☐ Agitated

COLOR: SUCTIONED:

☐ Yes ☐ No

BREATH SOUNDS: ☐ Clear ☐ Diminished ☐ Insp / ☐ Exp Wheezes ☐ Rales ☐ Coarse ☐ Rhonchi

LOCATION: ☐ R U L ☐ R M L ☐ R L L ☐ L U L ☐ R L L ☐ Throughout

VENTILATOR SETTINGS: PATIENT RECEIVED / PLACED ON:

VENT TYPE:	MODE:	RATE:

VT:	FIO2:	PEEP:	PS:

PIP:	I:E	Ti:

P High:	P Low:	T High:	T Low:

☐ **AUDIBLE ALARMS CHECKED:**

MEDICATIONS / THEREAPEUTIC MODALITIES:

DATE ORDERED:	DATE REORDERED:
2.5 mg PROVENTIL: Q _____	0.5 mg ATROVENT: Q _____
0.63 mg XOPENEX: Q _____	1.25 mg XOPENEX: Q _____
DECADRON: _____ mg Q _____	MUCOMYST: _____ ml, 10% sol Q _____

OTHER:

MDI:

CPT: Q _____ Location _____

MUCOMYST: _____ ml, 20% Sol. Q _____

CHANGES: ☐ YES ☐ NO

TIME:	MODE:	RATE:	FIO2:

VT:	PS:	PIP:	PEEP:	Ti:

P High:	P Low:	T High:	T Low:

OTHER:

COMMENTS:

EQUIPMENT CHANGED: ☐ YES ☐ NO

☐ Neb Kit ☐ In-line SXN Catheter ☐ Circuit ☐ Other _____

SIGNATURE / TITLE: _____   DATE: _____

NOTES:

PART OF THE MEDICAL RECORD

TIME	MODE	FIO2	Set Rate / Total	VT Set / Spont. VT	VE	I. TIME / I:E Ratio	PEEP / Press Support	Peak Flow	PIP / Plat	MAP	Set Press	PIP / PEEP	I. TIME / I:E Ratio	VT	VE	PS	IPAP / EPAP

PRESSURE CONTROL header spans columns VT Set through MAP.
PRESSURE CONTROL / BIPAP header spans columns Set Press through IPAP/EPAP.

PART OF THE MEDICAL RECORD

P High	T High	Rise Time	OSCILLATOR				ALARMS				ARTERIAL BLOOD GAS						Tx DONE	
			HZ	f	Amp	MAP	HI	HI	HI	LOW PEEP	Time	pH	PCO2 ETCO2	PaO2	HCO3	SaO2	NEB MDI	
P Low	T Low						Low Press	Low VE	Low VT								CPT SX	RT
P Low	T Low		HZ	f	Amp	MAP	HI	HI	HI	LOW PEEP	Time	pH	PCO2 ETCO2	PaO2	HCO3	SaO2	NEB MDI CPT SX	

PART OF THE MEDICAL RECORD

DAY SHIFT ASSESSMENT

ARTIFICAL AIRWAY: ☐ ETT Size _____ Position _____ @ LIP

☐ ETT position changed _____ cm @ LIP

☐ Tracheostomy: Type _____ Size _____ Cuff Pressure _____ cm H2O

ETT Rotated to _____ side Date: _____

CHEST MOVEMENT: ☐ Equal / Bilateral ☐ Asymmetrical ☐ Other _____

GENERAL APPEARANCE: ☐ Comfortable ☐ Labored Breathing ☐ Agitated

BREATH SOUNDS: ☐ Clear ☐ Diminished ☐ Insp / ☐ Exp Wheezes ☐ Rales ☐ Coarse ☐ Rhonchi
☐ Other _____

LOCATION: ☐ R U L ☐ R M L ☐ R L L ☐ L U L ☐ R L L ☐ Throughout

INTUBATION DATE:	
HR:	BP:
WEIGHT:	CXR:

SECRETIONS: ☐ Thick ☐ Thin ☐ Small ☐ Moderate ☐ Large

COLOR:

SUCTIONED: ☐ Yes ☐ No

VENTILATOR SETTINGS: PATIENT RECEIVED / PLACED ON:

VENT TYPE:	MODE:	RATE:
VT:	FIO2:	PEEP:	PS:
PIP:	I:E	Ti:
P High:	P Low:	T High:	T Low:

☐ **AUDIBLE ALARMS CHECKED:**

MEDICATIONS / THEREAPEUTIC MODALITIES:

DATE ORDERED:	DATE REORDERED:
2.5 mg ALBUTEROL: Q _____	0.5 mg ATROVENT: Q _____
0.63 mg XOPENEX: Q _____	1.25 mg XOPENEX: Q _____
DECADRON: _____ mg Q _____	MUCOMYST: _____ ml, 10% sol Q _____

OTHER:

MDI:

CPT: Q _____ Location _____

MUCOMYST: _____ ml, 20% Sol. Q _____

CHANGES: ☐ YES ☐ NO

TIME:	MODE:	RATE:	FIO2:
VT:	PS:	PIP:	PEEP:	Ti:
P High:	P Low:	T High:	T Low:

OTHER:

WEANING PARAMETERS: ☐ YES ☐ NO

TIME:	Vt:	Vc:	f:
Ve:	MIP:	RSBI =	
TIME:	Vt:	Vc:	f:
Ve:	MIP:	RSBI =	

EQUIPMENT CHANGED: ☐ YES ☐ NO

☐ Neb Kit ☐ In-line SXN Catheter ☐ Circuit ☐ Other _____

SIGNATURE / TITLE: DATE:

DAILY CARE PLAN

DATE:	TIME:
TITRATE FIO2 for SpO2 ≥:	WEAN to CPAP / PS:
T-BAR Trial for:	ABG in: _____ Hr

NOTES:

PART OF THE MEDICAL RECORD

EVENING SHIFT ASSESSMENT

ARTIFICAL AIRWAY: ☐ ETT Size _____ Position _____ @ LIP

☐ ETT position changed _____ cm @ LIP

☐ Tracheostomy: Type _____ Size _____ Cuff Pressure _____ cm H2O

ETT Rotated to _____ side   Date: _____

INTUBATION DATE:	
HR:	BP:
WEIGHT:	CXR:

SECRETIONS: ☐ Thick ☐ Thin ☐ Small ☐ Moderate ☐ Large

CHEST MOVEMENT: ☐ Equal / Bilateral ☐ Asymmetrical ☐ Other _____

GENERAL APPEARANCE: ☐ Comfortable ☐ Labored Breathing ☐ Agitated

COLOR:

SUCTIONED: ☐ Yes ☐ No

BREATH SOUNDS: ☐ Clear ☐ Diminished ☐ Insp / ☐ Exp Wheezes ☐ Rales ☐ Coarse ☐ Rhonchi ☐ Other _____

LOCATION: ☐ R U L ☐ R M L ☐ R L L ☐ L U L ☐ R L L ☐ Throughout

VENTILATOR SETTINGS: PATIENT RECEIVED / PLACED ON:

VENT TYPE:	MODE:	RATE:

VT:	FIO2:	PEEP:	PS:

PIP:	I:E	Ti:

P High:	P Low:	T High:	T Low:

☐ **AUDIBLE ALARMS CHECKED:**

MEDICATIONS / THEREAPEUTIC MODALITIES:

DATE ORDERED:	DATE REORDERED:
2.5 mg ALBUTEROL: Q _____	0.5 mg ATROVENT: Q _____
0.63 mg XOPENEX: Q _____	1.25 mg XOPENEX: Q _____
DECADRON: _____ mg Q _____	MUCOMYST: _____ ml, 10% sol Q _____

OTHER:

MDI:

CPT: Q _____ Location _____

MUCOMYST: _____ ml, 20% Sol. Q _____

CHANGES: ☐ YES ☐ NO

TIME:	MODE:	RATE:	FIO2:

VT:	PS:	PIP:	PEEP:	Ti:

P High:	P Low:	T High:	T Low:

OTHER:

WEANING PARAMETERS: ☐ YES ☐ NO

TIME:	Vt:	Vc:	f:
Ve:	MIP:	RSBI =	
TIME:	Vt:	Vc:	f:
Ve:	MIP:	RSBI =	

EQUIPMENT CHANGED: ☐ YES ☐ NO

☐ Neb Kit ☐ In-line SXN Catheter ☐ Circuit ☐ Other _____

SIGNATURE / TITLE: _____ DATE: _____

DAILY CARE PLAN

DATE:	TIME:
TITRATE FIO2 for SpO2 ≥:	WEAN to CPAP / PS:
T-BAR Trial for:	ABG in: _____ Hr

NOTES:

PART OF THE MEDICAL RECORD