

University of ~~Medical Center~~  
Respiratory Care Department

Progress Note/Charge Sheet

DIAGNOSIS				PATIENT IDENTIFICATION			
ORDER		ASSESSMENT		THERAPY		PROCEDURES / MONITOR	
1. DATE/TIME	B.S. / AREA	HR	SMI _____ ML	PEAK FLOW-PRE _____ POST _____			
PRE			BPSD _____	TRANSPORT _____ CPR _____			
	DURING		MED _____	PULSE OXIMETER SAT _____ %			
	POST		DOSE _____	TCPO <sub>2</sub> /CO <sub>2</sub> _____ / _____ ETCO <sub>2</sub> _____			
<input type="checkbox"/> CONT. O <sub>2</sub> <input type="checkbox"/> VENT SETTINGS			SPUTUM-COUGH / SUCTION	SEE PATHWAY FOR DOCUMENTATION <input type="checkbox"/>			
COMMENTS			AMT _____	SIGN. _____			
			CONSIS. _____				
2. DATE/TIME	B.S. / AREA	HR	SMI _____ ML	PEAK FLOW-PRE _____ POST _____			
PRE			BPSD _____	TRANSPORT _____ CPR _____			
	DURING		MED _____	PULSE OXIMETER SAT _____ %			
	POST		DOSE _____	TCPO <sub>2</sub> /CO <sub>2</sub> _____ / _____ ETCO <sub>2</sub> _____			
<input type="checkbox"/> CONT. O <sub>2</sub> <input type="checkbox"/> VENT SETTINGS			SPUTUM-COUGH / SUCTION	SEE PATHWAY FOR DOCUMENTATION <input type="checkbox"/>			
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COMMENTS			AMT _____	SIGN. _____			
			CONSIS. _____				
6. DATE/TIME	B.S. / AREA	HR	SMI _____ ML	PEAK FLOW-PRE _____ POST _____			
PRE			BPSD _____	TRANSPORT _____ CPR _____			
	DURING		MED _____	PULSE OXIMETER SAT _____ %			
	POST		DOSE _____	TCPO <sub>2</sub> /CO <sub>2</sub> _____ / _____ ETCO <sub>2</sub> _____			
<input type="checkbox"/> CONT. O <sub>2</sub> <input type="checkbox"/> VENT SETTINGS			SPUTUM-COUGH / SUCTION	SEE PATHWAY FOR DOCUMENTATION <input type="checkbox"/>			
COMMENTS			AMT _____	SIGN. _____			
			CONSIS. _____				
PLAN OF CARE:							
SIGN: _____							

