

CARDIOVASCULAR

Pain: N Y sharp dull Site: _____ Palpitations: N Y Pacemaker: N Y
 Vertigo: N Y Edema: N Y Site/degree: _____
 Fluid Restriction: N Y Special Diet: N Y Weight: stable increased decreased
 Other: _____

CLINICAL DATA

Oximetry site: _____ BP: _____ Temp: _____ Position: _____

	Room Air			O ₂ (_____ lpm/FiO ₂)		
	Rest	ADL	post	Rest	ADL	post
SpO ₂						
HR						
RR						
Distance/ADL						
Exertional Time						
Resp effort/pattern						
Recovery Time						

ABG: pH _____ PaCO₂ _____ HCO₃ _____ SaO₂ _____ FiO₂/lpm _____ Hgb _____ Site: _____
 Date: _____

RESPIRATORY ASSESSMENT

Notes: _____

MEDICATIONS

Notes: _____

GENERAL COMMENTS/NOTES FOR CLINICIAN

Date: _____ Signature: _____
 (Registered Respiratory Therapist)