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| **ADULT RESPIRATORY THERAPY NOTE:** |
| I**nitiation of therapy  Progress note  Extubation** **SPECIAL PROCEDURE** |

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| --- | --- | --- |
| **Date:** | **Time:**  | **Diagnosis:** |

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| --- | --- |
| **Transferred from:** | **Transferred to:** |

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| --- | --- |
|  **Intubated  Extubated  trached  NIV** | **Date:****Day:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **ETT size:** | **Level:** | **Trach:** | **Type:** |

|  |  |  |
| --- | --- | --- |
| **Cuff pressure :**  | **NIV** |  |

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| **RESPIRATORY SUPPORT SETTINGS :** |

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| **Ventilation settings :** |

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| --- | --- | --- | --- |
| **IPAP:** | **EPAP:** | **TI** | **BACK rate:** |
| **Oxygen ON therapy:** | **Oxygen OFF therapy:** |

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| **ASSESSMENT** |
| **time** | **Blood gases** | **ABG/CBG** | **Non blood gas** |  |
|  | **PH:** | **PaCO2:** | **PaO2:** | **HCO3:** | **BD/BE:** |
|  | **PH:** | **PaCO2:** | **PaO2:** | **HCO3:** | **BD/BE:** |

|  |  |  |
| --- | --- | --- |
| **Resp rate:** | **SPO2:** | **Leak on vent:** |
| **Vexh :** | **Peak airway:** | **Leak test:** |
| **Plateau:** | **Raw:** | **Cst:** |

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| **RECOMMENDATION /OTHER FINDINGS :** |

|  |  |
| --- | --- |
| **FULL NAME:** | **SIGNATURE:** |