



0900000

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PRE-APNEA TEST CLINICAL ASSESSMENT

Ordering MD _____

Date Assessment Performed _____ Time Assessment Performed _____

VITAL SIGNS	VENTILATOR SETTINGS (Just Prior to Test)	BLOOD GASES (Just Prior to Test)	BLOOD CHEMISTRY (Measured within Past 24 Hrs)
Temp _____	Mode _____	pH _____	Na _____
Pulse _____	F _I O ₂ _____	PaCO ₂ _____	Cl _____
BP _____	Rate _____	PaO ₂ _____	K ⁺ _____
	PEEP _____	HCO ₃ _____	CO ₂ _____
		BE/D _____	Glucose _____
			BUN _____
			Creat. _____

Spontaneous Effort on Current Settings? Yes No

SEDATIVE, BARBITURATES, AND RELAXANTS RECEIVED IN PAST 24 HOURS:

	Drug Name	Dose	Date	Time
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

LAST MEASURED SERUM BARBITURATE LEVEL

	Drug Name	Level	Date	Time
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Ethanol Level, if applicable _____

Comments _____

Signature/Title _____