



0900000

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

ADULT RESPIRATORY THERAPY NOTE

Initiation of Service / Progress Note / Consult / Extubation / Change in Status / Transfer

Date: _____ Time: _____ Diagnosis: _____

Transferred From: _____ Transferred To: _____ Transfer report given to: _____

For Current Respiratory Assessment / Plan of Care refer to note of: _____ (Date)

Intubated / Extubated / Trached Date: _____

ETT Oral / Nasal: Size _____ @ _____ cm @ _____ Trach size: _____ Type: _____

Respiratory Support Settings:

O₂ Support: _____

Services: _____

Ventilator Settings: _____ Total PEEP _____

CPAP/ BiPAP settings: _____ compliant non-compliant

Reason if non-compliant: _____

Assessment:

HR: _____ Resp Rate: _____ SPO₂: _____

Respiratory pattern: _____

Breath Sounds: Right clear / decreased bases / rales / rhonchi / wheeze (insp / exp)

Left clear / decreased bases / rales / rhonchi / wheeze (insp / exp)

Cough: strong _____ weak _____

Incentive Spirometry: _____

Sputum: none/ small / moderate / large thin / thick/ frothy

clear / white / tan / yellow / green / brown / pink / bloody

Chest Tubes: Left X _____ Right X _____

Blood Gases: ABG / CBG / VBG

Most Recent: Time _____ Date _____ pH _____ pCO₂ _____ pO₂ _____ HCO₃ _____ BE _____

Support: O₂ / Ventilator / Other _____

Recommendations / Other:

- Continue current therapy
- Adjust O₂ to maintain SPO₂ of _____
- Change to Metered Dose Inhaler
- Deep breathe & cough
- Discontinue _____

Signature: _____

