

Your  
Hospital's  
Logo  
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# OXYGEN PROTOCOL FLOW SHEET

RESPIRATORY CARE SERVICES

PATIENT IDENTIFICATION

Dx: \_\_\_\_\_ Is the patient on home O<sub>2</sub> ?  YES  NO

DAY				DAY						
A M				P M						
<b>1</b>	DATE	TIME			DATE	TIME				
	SpO <sub>2</sub>	%	ON			SpO <sub>2</sub>	%	ON		
	HR	RR	BS		HR	RR	BS			
	* NOTE									
	FOLLOW UP SpO <sub>2</sub>				DATE					
<b>2</b>	DATE	TIME			DATE	TIME				
	SpO <sub>2</sub>	%	ON			SpO <sub>2</sub>	%	ON		
	HR	RR	BS		HR	RR	BS			
	* NOTE									
	FOLLOW UP SpO <sub>2</sub>				DATE					
<b>3</b>	DATE	TIME			DATE	TIME				
	SpO <sub>2</sub>	%	ON			SpO <sub>2</sub>	%	ON		
	HR	RR	BS		HR	RR	BS			
	* NOTE									
	FOLLOW UP SpO <sub>2</sub>				DATE					
<b>4</b>	DATE	TIME			DATE	TIME				
	SpO <sub>2</sub>	%	ON			SpO <sub>2</sub>	%	ON		
	HR	RR	BS		HR	RR	BS			
	* NOTE									
	FOLLOW UP SpO <sub>2</sub>				DATE					
<b>5</b>	DATE	TIME			DATE	TIME				
	SpO <sub>2</sub>	%	ON			SpO <sub>2</sub>	%	ON		
	HR	RR	BS		HR	RR	BS			
	* NOTE									
	FOLLOW UP SpO <sub>2</sub>				DATE					
<b>6</b>	DATE	TIME			DATE	TIME				
	SpO <sub>2</sub>	%	ON			SpO <sub>2</sub>	%	ON		
	HR	RR	BS		HR	RR	BS			
	* NOTE									
	FOLLOW UP SpO <sub>2</sub>				DATE					
<b>7</b>	DATE	TIME			DATE	TIME				
	SpO <sub>2</sub>	%	ON			SpO <sub>2</sub>	%	ON		
	HR	RR	BS		HR	RR	BS			
	* NOTE									
	FOLLOW UP SpO <sub>2</sub>				DATE					

**PART OF THE MEDICAL RECORD**

# SpO<sub>2</sub> SUMMARY

SpO <sub>2</sub> (%)	1		2		3		4		5		6		7		COMMENTS
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
100 -															
99 -															
98 -															
97 -															
96 -															
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86 -															
85 -															

## PART OF THE MEDICAL RECORD