Your Hospital's Logo Here

RESPIRATORY ASSESSMENT / EVALUATION

PATIENT IDENTIFICATION

☐ INITIAL ASSESSMENT / EVALUATION

☐ RE-ASSESSMENT / EVALUATION

MEDICATIONS / THEREAPUTIC MODALITIES

DATE / TIME ORDERED:	ORDERING PHYSICIAN:

PULMONARY HISTORY / INDICATIONS:

ARTERIAL BLOOD GAS / O2 SAT:

PHYSICIAN ORDER:

IF APPLICABLE, SHADE IN AFFECTED AREA(S)

2.5 mg ALBUTEROL, Q: ____	0.5 mg ATROVENT, Q: ____	0.63 mg XOPENEX, Q: ____	1.25 mg XOPENEX, Q: ____

DECADRON, ____ mg, Q ____ | MUCOMYST, ____ ml, 10% Sol. Q ____ | OTHER MED:

M D I: | MUCOMYST, ____ ml, 20% Sol. Q ____

CPT / FLUTTER VALVE / I.S.: Q: ____ | LOCATION: | PAIN ASSESSMENTS:

C X R: | ARTIFICIAL AIRWAY:

CHEST MOVEMENT: ☐ EQUAL / BILATERAL ☐ ASYMMETRICAL ☐ OTHER: ____

GENERAL APPEARANCE: ☐ COMFORTABLE ☐ LABORED BREATHING ☐ AGITATED ☐ SEDATED

BREATH SOUNDS: ☐ CLEAR ☐ DIMINISHED ☐ INSP / ☐ EXP WHEEZES ☐ RALES ☐ COARSE ☐ RHONCHI ☐ OTHER: ____

APPEARANCE, DISTRESS LEVEL PRIOR TO THERAPY: ☐ NO DISTRESS ☐ LABORED ☐ ACC MUSCLE USE ☐ DIAPHORETIC ☐ PERIPHERALLY CYANOTIC ☐ CENTRALLY CYANOTIC ☐ UNABLE TO SPEAK ☐ PALE ☐ ARREST ☐ OTHER: ____

LOCATION: ☐ R U L ☐ R M L ☐ R L L ☐ L U L ☐ L L L | **SUCTIONED:** ☐ YES ☐ NO

SECRETIONS: ☐ THICK ☐ THIN ☐ COLOR: ____ | ☐ SMALL ☐ MODERATE ☐ LARGE

NOTES:

SIGNATURE / TITLE: | DATE / TIME: