

Your
Hospital's
Logo
Here

OXYGEN PROTOCOL FLOW SHEET

RESPIRATORY CARE SERVICES

PATIENT IDENTIFICATION

Dx: _____ Is the patient on home O₂ ? YES NO

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

PART OF THE MEDICAL RECORD

SpO₂ SUMMARY

	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 -															
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PART OF THE MEDICAL RECORD