

Your
Hospital's
Logo
Here

Respiratory Care Services TREATMENT CARD

PHYSICIAN ORDER:						Diagnosis:						72 HOUR FLAGG	
						Ordering Physician:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Date Ordered:						2nd FLAGG	
						Date Reordered:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Discontinued:						QA STARTED							
Equipment						<input type="checkbox"/> Yes <input type="checkbox"/> No							
Comment:						Initialed by: _____							
Date	Time	HHN Setup	HHN Tx	Comp / O2	Pulse Ox	CPT	SX	IS	Change Equip	Peak Flow FEVI	Code Blue	Resus Bedside	Initials
ROOM:		NAME:				THERAPY:					MD:		

Date	Time	HHN Setup	HHN Tx	Comp / O2	Pulse Ox	CPT	SX	IS	Change Equip	Peak Flow FEVI	Code Blue	Resus Bedside	Initials	
ROOM:	NAME:			THERAPY:						MD:				