

Your
Hospital's
Logo
Here

Respiratory Care Services **OXYGEN CHART**

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	O2 Setup	O2 SB	Days 8*	Eve 8*	Night 8*	Humid Setup	Humid SB	Days 8*	Eve 8*	Night 8*	Ambu Bag	Change Equip	Initials	Initials	Initials		
ROOM:		NAME:					THERAPY:						MD:					

Date	Time	O2 Setup	O2 SB	Days 8*	Eve 8*	Night 8*	Humid Setup	Humid SB	Days 8*	Eve 8*	Night 8*	Ambu Bag	Change Equip	Initials	Initials	Initials
ROOM:	NAME:			THERAPY:				MD:								