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# OXYGEN STANDARD FLOW SHEET

PATIENT IDENTIFICATION

DIAGNOSIS:			
DATE:	TIME: (Military Time)	PATIENT ON HOME O2 ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OXYGEN IN USE	<input type="checkbox"/> HUMIDITY IN USE	<input type="checkbox"/> OXYGEN ON STANDBY	
OXYGEN % / LITER FLOW: _____		MODALITY: _____	SpO2: _____ %
HR: _____	RR: _____	BREATH SOUNDS: _____	
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**PART OF THE MEDICAL RECORD**

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