COUNTY HOSPITAL
CARDIOPULMONARY SERVICES
PATIENT RESPONSE RECORD

Treatment: NEB   IPPB   CPT   IS   PEAKFLOW   Ordered Oxygen Therapy:_____

Frequency: _____   Patient Assessment Complete: _____

Medication: _____   Patient Education Completed:_____

Diagnosis:_____   Circuit Changed: _____

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Date: _____Time:_____Signature:_____   Effort: Good Fair Poor Pulse Ox: _____

Medication: _____   Response: Good Fair Poor O2%:_____

HR: a_____ p_____ RR:_____ Adv. Reaction: _____   Peak Flow: a_____ p_____

IS: _____   Cough: _____

CPT: _____

Breath Sounds: _____

Comments: _____

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Date: _____Time:_____Signature:_____   Effort: Good Fair Poor Pulse Ox: _____

Medication: _____   Response: Good Fair Poor O2%:_____

HR: a_____ p_____ RR:_____ Adv. Reaction: _____   Peak Flow: a_____ p_____

IS: _____   Cough: _____

CPT: _____

Breath Sounds: _____

Comments: _____

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Date: _____Time:_____Signature:_____   Effort: Good Fair Poor Pulse Ox: _____

Medication: _____   Response: Good Fair Poor O2%:_____

HR: a_____ p_____ RR:_____ Adv. Reaction: _____   Peak Flow: a_____ p_____

IS: _____   Cough: _____

CPT: _____

Breath Sounds: _____

Comments: _____

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Date: _____Time:_____Signature:_____   Effort: Good Fair Poor Pulse Ox: _____

Medication: _____   Response: Good Fair Poor O2%:_____

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Date: _____Time:_____Signature:_____   Effort: Good Fair Poor Pulse Ox: _____

Medication: _____   Response: Good Fair Poor O2%:_____

HR: a_____ p_____ RR:_____ Adv. Reaction: _____   Peak Flow: a_____ p_____

IS: _____   Cough: _____

CPT: _____

Breath Sounds: _____

Comments: _____

Date: _____ Time: _____ Signature: _____   Effort: Good   Fair   Poor   Pulse Ox: _____
Medication: _____   Response: Good   Fair   Poor   O2%: _____
HR: a_____ p_____ RR: _____ Adv. Reaction: _____   Peak Flow: a_____ p_____
IS: _____   Cough: _____
CPT: _____
Breath Sounds: _____
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Date: _____ Time: _____ Signature: _____   Effort: Good   Fair   Poor   Pulse Ox: _____
Medication: _____   Response: Good   Fair   Poor   O2%: _____
HR: a_____ p_____ RR: _____ Adv. Reaction: _____   Peak Flow: a_____ p_____
IS: _____   Cough: _____
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Date: _____ Time: _____ Signature: _____   Effort: Good   Fair   Poor   Pulse Ox: _____
Medication: _____   Response: Good   Fair   Poor   O2%: _____
HR: a_____ p_____ RR: _____ Adv. Reaction: _____   Peak Flow: a_____ p_____
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Date: _____ Time: _____ Signature: _____   Effort: Good   Fair   Poor   Pulse Ox: _____
Medication: _____   Response: Good   Fair   Poor   O2%: _____
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Date: _____ Time: _____ Signature: _____   Effort: Good   Fair   Poor   Pulse Ox: _____
Medication: _____   Response: Good   Fair   Poor   O2%: _____
HR: a_____ p_____ RR: _____ Adv. Reaction: _____   Peak Flow: a_____ p_____
IS: _____   Cough: _____
CPT: _____
Breath Sounds: _____
Comments: _____
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Date: _____ Time: _____ Signature: _____   Effort: Good   Fair   Poor   Pulse Ox: _____
Medication: _____   Response: Good   Fair   Poor   O2%: _____
HR: a_____ p_____ RR: _____ Adv. Reaction: _____   Peak Flow: a_____ p_____
IS: _____   Cough: _____
CPT: _____
Breath Sounds: _____
Comments: _____
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