

**COUNTY HOSPITAL  
CARDIOPULMONARY SERVICES  
REQUEST FOR SERVICES**

Patient Stamp Plate

**OXYGEN THERAPY**

**MODE**

**LPM / %**

NASAL CANNULA 1-6 l/m LPM

SIMPLE MASK 6 l/m or > LPM

VENTURI MASK 24-50% %

AEROSOL MASK 24-100% %

NON-REBREATHER 10 l/m or >

DATE/TIME

REQ BY:

**THERAPY**

**FREQ**

**MEDICATION(S)**

MEDICATION & FREQUENCY MUST BE ORDERED ON ALL TX.

NEBULIZER

IPPB

PERCUSSION/PD

> SPECIAL INSTRUCTIONS:

FLUTTER VALVE

> SPECIAL INSTRUCTIONS:

INCENTIVE SPIROMETRY

CARDIAC REHAB CONSULT

MDI INSTRUCT

PULMONARY REHAB CONSULT

PEAK FLOW

TREADMILL

REGULAR

TYPE DRUG STUDY

SUCTION ORAL / GASTRIC / NT

PULMONARY FUNCTION

SPUTUM INDUCTION

PULMONARY FUNCTION WITH BRONCHODILATOR

CROUP TENT O2 / RA

HOLTER MONITOR 12 HOUR 24 HOUR

VAPORIZER

PULSE OXIMETRY FREQ.:

BiPAP / CPAP

EKG ROUTINE STAT SCHEDULED:

VENTILATOR

EMERGENCY RESUSCITATION (CODE BLUE)

ARTERIAL BLOOD GAS

FIO2

SPECIAL INSTRUCTIONS:

Draw Date:

Time:

**MISC INSTRUCTIONS:**