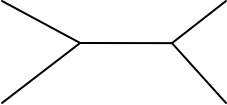
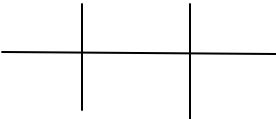


Your name _____ Date _____ Pt age, sex _____ Admitting dx _____ Adm date _____

H&P upon admission _____

| Subjective | Objective | Assessment (problem list) | RC plan and goal |
|--|---|---|---|
| <p>Objective: Indication for MV</p> <p>Ventilator Settings:</p> <p>Secretions:</p> <p>Auscultation:</p> <p>Radiograph:</p> <p>Vital signs:</p> | <p>Most recent ABG</p> <p>pH _____ PaCO₂ _____</p> <p>PaO₂ _____ HCO₃ _____</p> <p>SpO₂ _____</p> <p>Most recent Hematology:</p>  <p>Most recent Chemistry:</p>  <p>Hemodynamic measurements:</p> <p>Respiratory mechanics: (C_s, f, V_T, V_E, MIP, RSBI)</p> | <p>ABG interpretation:</p> <p>Cardiovascular/Hemodynamic status:</p> <p>Waveform analysis:</p> <p>Respiratory status:</p> | <p>Procedures performed today and outcomes:</p> <p>Recommended/actual changes in procedures and MV:</p> |

