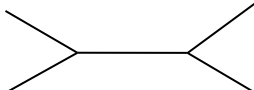
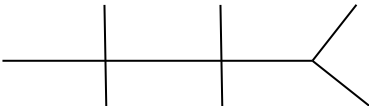


Your Name _____ Date _____ Pt age, sex _____ Admitting dx _____ Adm date _____

H&P Upon admission _____

Subjective	Objective	Assessment (Problem list)	RC Plan and Goal
<p>Objective: Indication for MV</p> <hr/> <p>Ventilator Settings:</p> <hr/> <p>Secretions:</p> <p>Auscultation:</p> <p>Radiograph:</p> <p>Vital Signs:</p>	<p>Most recent ABG pH _____ PaCO₂ _____ PaO₂ _____ HCO₃ _____ SpO₂ _____</p> <p>Most recent Hematology:</p>  <p>Most recent Chemistry:</p>  <p>Hemodynamic measurements:</p> <p>Respiratory mechanics: (Cs, F, V_T, V_E, MIP, RSBI)</p>	<p>ABG interpretation:</p> <p>Cardiovascular/Hemodynamic status:</p> <p>Vent Waveform analysis:</p> <p>Respiratory status:</p>	<hr/> <p>Procedures performed today and outcomes:</p> <p>Recommended/actual change in procedures and MV:</p>