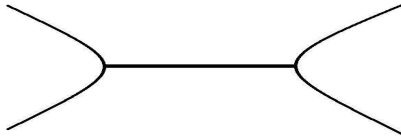
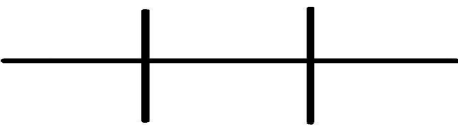


Patient Medical Chart Assessment

Student Name:			Date:		
Date of Admission:		Time:	Primary MD:		
Patient Initials:	DOB:	Age:		Sex:	M / F
Chief Complaints:					
History of Present Illness:					
Primary Respiratory Diagnosis:					
Past Medical History:					
Past Surgical History:					
Allergies:					
Medications:					
Family History:					
Social History:					
Physical Examination: HRT: RR: BP: SpO2: Temp:					
General Appearance:					
Skin: _____					
Head: _____					
Eyes: _____					
Neck: _____					
Lungs: _____					
Heart: _____					
Abdomen: _____					
Extremities: _____					
Airway Type: _____ Size: _____ Location: _____					
Laboratory Data:		CBC		Electrolytes	
 					

PT and PTT:		
INR:		
Sputum Culture:		
Blood Culture:		
Urine Culture:		
Chest X-ray:		
EKG:		
ABG:		
Date: _____	_____	Date: _____
pH: _____	02 Modality: _____	pH: _____
PaC02: _____	LPM or FI02: _____	PaC02: _____
Pa02: _____	Ventilator: _____	Pa02: _____
HC03: _____	Vent Settings: _____	HC03: _____
BE: _____	Mode: _____	BE: _____
PA02: _____	Set Rate: _____	PA02: _____
A-a Gradient: _____	Total Rate: _____	A-a Gradient: _____
Hgb: _____	Set Vt: _____	Hgb: _____
Hb02 %: _____	Spont Vt: _____	Hb02 %: _____
COHb: _____	Ve: _____	COHb: _____
MetHb: _____	Peep: _____	MetHb: _____
	Press Support: _____	
ABG Interpretation:		
Respiratory Assessment: (performed by student)		
Chest Assessment:		
Respiratory Treatment/Medications: (frequency, dose and mode of action)		
Impression/Assessment:		
Plan:		