Patient Assessment Form

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: _____

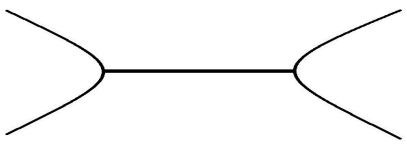
Heart: _____

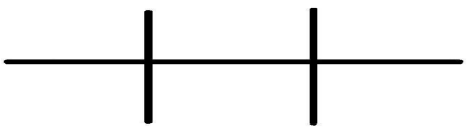
Abdomen: _____

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: