

DATE:

TIME:

C/C: Acute Respiratory Failure ICD 518.81

Ventilator day:

Ventilator Type - PB7200	Bear1000	Versamed	Servo-i	Other:
Ventilatory Mode - A/C	SIMV	<u>SIMV-Press. Sup.</u>		cmH <sub>2</sub> O
				<u>Press. Control</u>
				mH <sub>2</sub> O

Flow Pattern: Sq. Wave	Decel	Sinusoid	Flow. Rate	L/min	Cuff Press:
Tidal Volume (mL): Set:	Measured:		FIO <sub>2</sub> -	%	
Rate (bpm): Set	Measured:		Min. Vent.	L/min.	
Pressures (cmH <sub>2</sub> O) PEEP	Peak Insp.		Plateau	Compliance	ml/cm H <sub>2</sub> O
Oximeter O <sub>2</sub> Sat	ET Tube:		Tracheostomy:	I/O:	ml
Blood Gases: Arterial: Time	FIO <sub>2</sub>	%			
Mixed Venous: Time	FIO <sub>2</sub>	%			

C.I.-	PAOP-	SHUNT-	%	DO <sub>2</sub> -	VO <sub>2</sub> -	O <sub>2</sub> ER-
Secretions:	None	Small	Moderate	Copious	Color	
Chest Tube	( Right	Left )	Air Leak ( Yes	No )	Output (last 24 hrs.):	

**Pressors:**

<b>Bronchodilators:</b> Albuterol	Ipratropium	Other:
<b>Weaning:</b> NIP: RR	Tidal Vol	Minute Vent.
		RSBI:

**CXR:**

**CT:**

**PHYSICAL EXAM:** Respir. Rate: Heart Rate: BP: Temp: O<sub>2</sub> Sat

Neuro:

Lungs:

Heart:

**LABS:** WBC: Hgb K<sup>+</sup> CO<sub>2</sub> Magnesium BUN Cr

**ASSESSMENT & RECOMMENDATIONS:**

**STAFF: I examined the patient. I discussed the therapeutic options and management with the Pulmonary Fellow and the housestaff. I agree with the above findings and recommendations.**

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE/TIME \_\_\_\_\_

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



HP0030

**PULMONARY CONSULTATION  
Critical Care**

70-054 (05/06)

Patient Label