

Respiratory Therapy Flow Sheet



Name:			Room #:	Physician:		Mo./Yr.:
	Orders:	1. HHN				
	=	2. Lung Sounds C	<u></u>			
		3. O2 SATS				
		4. O2 @	-		VIA	R/A
		4. O2 @ 5. Other				

Date		Treatment Time #	Before Treatment			After Treatment				Minutes			
	Time		L/S	O2 @	RR	O2 SAT	L/S	O2 @	RR	O2 SAT	Spent w/ Patient	Comments	Initial

Key: D = Diminished C = Crackles W = Wheezes O = Other

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials

Harmony Healthcare International (HHI)