Harmony Healthcare INTERNATIONAL

Respiratory Therapy Flowsheet

Name:	Room #:	Physician:	Mo/Yr:

_____ Orders:

1. HHN _____
2. Lung Sounds Q _____
3. O2 Sats _____
4. O2 @ _____ VIA _____ R/A
5. Other _____

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

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

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials

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