



Health Tracking-Respiratory Treatment

Section 1 - General Information

Individual Name:* _____
Program Name:* _____
Entered By: _____
Reported By:* _____

Entry Date & Time: _____
Time zone: _____
Date:* _____
Notification Level: ☐Low ☐Medium ☐High
Time: _____ am / pm

Section 2 - Respiratory Treatment Information

Pulse Before Treatment: _____ (30-225)
Respiration Rate Before Treatment: _____ (5-80)
Oxygen Saturation Before Treatment: _____ (0-100)
Lung Sounds Before Treatment: ☐Clear ☐Rales ☐Rhonchi ☐Wheeze
Lung Sounds Before Treatment: ☐Clear ☐Rales ☐Rhonchi ☐Wheeze
Does Order Exist for Chest Physiotherapy: ☐Yes ☐No

Pulse After Treatment: _____ (30-225)
Respiration Rate Before Treatment: _____ (5-80)
Oxygen Saturation Before Treatment: _____ (0-100)
If Other: _____
If Other: _____

Comments: _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)