



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 After 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 (*)