IHS-503
(3/92)

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

RESPIRATORY THERAPY
TREATMENT AND PROGRESS NOTES

DIAGNOSIS: _____

ADMIT DATE _____ WARD _____

ORDER DATE _____ ROOM _____

REORDER DATE _____ BED _____

DOCTOR'S ORDERS: _____

INDICATIONS FOR THERAPY: _____

, M.D.

OBJECTIVES OF THERAPY

- ☐ PRE-OP-PREPARATION
- ☐ POST-OP-MAINTENANCE
- ☐ TRACHEAL BRONCHIAL CLEARANCE
- ☐ IMPROVE GAS DISTRIBUTION
- ☐ ACID BASE CORRECTION
- ☐ CORRECT HYPOXEMA
- ☐ BRONCHIAL DILATION
- ☐ REHABILITATION
- ☐ OTHER *(Specify)* _____

DATE	TIME	TREATMENT AND PROGRESS NOTES

PATIENT'S IDENTIFICATION

(Continue on reverse side)

RESPIRATORY THERAPY

DATE	TIME	TREATMENT AND PROGRESS NOTES (Continued)