

## RESPIRATORY THERAPY REQUEST

(This form is subject to the Privacy Act of 1974. Use Blanket PAS, DD Form 2005)

DIAGNOSIS	INITIAL ORDER DATE
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THERAPEUTIC OBJECTIVES	TREATMENT FREQUENCY	TREATMENT DURATION
<input type="checkbox"/> Treat Bronchospasm <input type="checkbox"/> Improve Oxygenation <input type="checkbox"/> Mobilize Secretions <input type="checkbox"/> Treat/Prevent Atelectasis <input type="checkbox"/> Improve/Promote Cough <input type="checkbox"/> Other _____	<input type="checkbox"/> Continuous <input type="checkbox"/> Q1H <input type="checkbox"/> BID <input type="checkbox"/> Q2H <input type="checkbox"/> TID <input type="checkbox"/> Q3H <input type="checkbox"/> QID <input type="checkbox"/> Q4H <input type="checkbox"/> Q _____	_____ X 1 Day _____ X 2 Days _____ X 3 Days _____ X _____

MEDICAL GAS THERAPY			
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Air	<input type="checkbox"/> Partial NRB	FI02 _____ %
<input type="checkbox"/> Simple Mask	<input type="checkbox"/> Venturi Mask	<input type="checkbox"/> Face Shield	
<input type="checkbox"/> Cannula	<input type="checkbox"/> Non-Rebreather	<input type="checkbox"/> Other _____	LPM _____

MEDICATIONS			
<input type="checkbox"/> Albuterol	<input type="checkbox"/> Brethine	<b>DILUENT:</b>	<b>DELIVERY DEVICE:</b>
<input type="checkbox"/> Alupent	<input type="checkbox"/> Bronkosol	<input type="checkbox"/> Normal Saline	<input type="checkbox"/> HHN
<input type="checkbox"/> Atrovent	<input type="checkbox"/> Mucomyst	<input type="checkbox"/> Sterile H2O	<input type="checkbox"/> MDI
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> MDI W/Inspirease

**ALL TREATMENTS WILL BE DISCONTINUED AFTER 3 DAYS UNLESS REORDERED**

RESPIRATORY TREATMENT DOCUMENTATION					
DATE	TIME	PEFR PRE/POST	SaO2		
MEDICATION		AMOUNT	DILUENT	AMOUNT	
HEART RATE		RESP RATE	BREATH SOUNDS PRE	BREATH SOUNDS POST	
TOLERANCE		ORDERS CURRENT	COMMENTS		
SIGNATURE OF NURSING/RESPIRATORY		<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	TIME	PEFR PRE/POST	SaO2		
MEDICATION		AMOUNT	DILUENT	AMOUNT	
HEART RATE		RESP RATE	BREATH SOUNDS PRE	BREATH SOUNDS POST	
TOLERANCE		ORDERS CURRENT	COMMENTS		
SIGNATURE OF NURSING/RESPIRATORY		<input type="checkbox"/> YES <input type="checkbox"/> NO			

*PATIENT IDENTIFICATION (Use this block for Mechanical Imprint) (For typed or written entries give Name - Last, First, Middle; Grade; Medical Facility; Register Number)*

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**RESPIRATORY TREATMENT DOCUMENTATION (Continued)**

DATE	TIME	PEFR PRE/POST /	SaO2 /
MEDICATION		AMOUNT	DILUENT AMOUNT
HEART RATE / /	RESP RATE /	BREATH SOUNDS PRE	BREATH SOUNDS POST
TOLERANCE	ORDERS CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS	
SIGNATURE OF NURSING/RESPIRATORY			
DATE	TIME	PEFR PRE/POST /	SaO2 /
MEDICATION		AMOUNT	DILUENT AMOUNT
HEART RATE / /	RESP RATE /	BREATH SOUNDS PRE	BREATH SOUNDS POST
TOLERANCE	ORDERS CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS	
SIGNATURE OF NURSING/RESPIRATORY			
DATE	TIME	PEFR PRE/POST /	SaO2 /
MEDICATION		AMOUNT	DILUENT AMOUNT
HEART RATE / /	RESP RATE /	BREATH SOUNDS PRE	BREATH SOUNDS POST
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HEART RATE / /	RESP RATE /	BREATH SOUNDS PRE	BREATH SOUNDS POST
TOLERANCE	ORDERS CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS	
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DATE	TIME	PEFR PRE/POST /	SaO2 /
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TOLERANCE	ORDERS CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS	
SIGNATURE OF NURSING/RESPIRATORY			