



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

## DOWNTIME PEDIATRIC CRITICAL/ACUTE/REHABILITATION CARE RESPIRATORY THERAPY PROGRESS NOTE

Initiation of Service / Progress Note / Transfer

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Transferred From: \_\_\_\_\_ Transferred To: \_\_\_\_\_ Transfer report given to: \_\_\_\_\_

For Current Respiratory Assessment / Plan of Care refer to note of: \_\_\_\_\_ (Date)

Intubation: Date(s) of Occurrence \_\_\_\_\_

Extubation: Date(s) of Occurrence \_\_\_\_\_

Reintubation: Date(s) of Occurrence \_\_\_\_\_

ETT Oral / Nasal Size \_\_\_\_\_ @ \_\_\_\_\_ cm @ \_\_\_\_\_ Trach Size \_\_\_\_\_ Type \_\_\_\_\_

Care Frequency \_\_\_\_\_ Cuff Yes / No Cuff pressure \_\_\_\_\_

### Current Support Settings

VENT	MODE	F <sub>I</sub> O <sub>2</sub>	RATE / HZ	PEEP	CPAP	PSV/PCV	PIP/ΔP	VG	V <sub>T</sub>	t <sub>I</sub>	FLOW	MAP	E <sub>T</sub> CO <sub>2</sub>

Nitric Oxide: Yes / No ppm

Supplemental O<sub>2</sub> device F<sub>I</sub>O<sub>2</sub> / ml / lpm Room Air

### Assessment:

HR \_\_\_\_\_ RR \_\_\_\_\_ S<sub>p</sub>O<sub>2</sub> \_\_\_\_\_

Respirations: spontaneous / none / shallow / deep / normal / periodic

Adequate chest expansion: symmetrical / asymmetrical

Accessory Muscle Use: Retractions — mild / moderate / severe Grunting / Nasal Flaring

Color: Cyanosis — central / peripheral

Breath Sounds: Right: clear / decreased bases / rales / rhonchi / wheeze — inspiratory / expiratory  
Left: clear / decreased bases / rales / rhonchi / wheeze — inspiratory / expiratory

Abdominal Girth: Enlarged — Yes / No Restricting Respiratory Effort — Yes / No

Sputum: none / small / moderate / large / thin / thick / frothy / clear / white / yellow / green / bloody

Chest Tubes: Left x \_\_\_\_\_ Right x \_\_\_\_\_

ECMO: Yes / No

### Blood Gases: ABG / CBG / VBG

Time \_\_\_\_\_ Date \_\_\_\_\_ pH \_\_\_\_\_ pCO<sub>2</sub> \_\_\_\_\_ pO<sub>2</sub> \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_ BE \_\_\_\_\_  
Time \_\_\_\_\_ Date \_\_\_\_\_ pH \_\_\_\_\_ pCO<sub>2</sub> \_\_\_\_\_ pO<sub>2</sub> \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_ BE \_\_\_\_\_

Trials: NC / CPAP / TC / Oxyhood Duration \_\_\_\_\_

Response to Trials: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## Therapy — Medication, Dose, and Response to therapy:

Bronchodilators: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mucolytics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Airway Clearance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lung Recruitment: \_\_\_\_\_  
\_\_\_\_\_  
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Procedures / Dates: \_\_\_\_\_  
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plan of care and pt. education:    ☐ Family not present    ☐ Other \_\_\_\_\_

Topic:

Barriers: ☐ None ☐ Cognitive ☐ Language/Culture ☐ Emotional ☐ Sensory ☐ Other \_\_\_\_\_

Taught: ☐ Patient ☐ Family/Other - Name \_\_\_\_\_

Method: ☐ Demonstration ☐ Explanation ☐ Handout/Video ☐ Interpreter ☐ Other \_\_\_\_\_

Response: ☐ Understands ☐ Needs review ☐ No evidence of learning ☐ Other \_\_\_\_\_

plan: \_\_\_\_\_  
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Respiratory Therapist Signature: \_\_\_\_\_