

HBOT Treatment Session Summary
NBIRR-01

Date: _____

HBOT Technologist Name: _____

Patient Name / ID: _____

Blood Pressure: _____

Pulse Rate: _____

HBOT Session Number (since start of NBIRR-01) _____

Days since last treatment: _____

Enter reason for any delay since last treatment: _____

Overall change in condition since last treatment: : _____

List 5 top symptoms and ask patient to score each as much worse, worse, no change, better, much better.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Monoplace or Multiplace Chamber? _____

Select: first or second treatment of the day? _____

Oxygen Delivery: select: a) 100% O2 or b) Air with mask or hood

Pressure Confirm: 1.5 ATA _____

Duration: Enter total dive time (minutes) if monoplace or enter time at depth on pure oxygen for multiplace _____

Complications: _____

Patient Comments after Treatment: _____
