

Patient Name: _____

SS Number: _____

Date of Birth: _____

<u>Date</u>	<u>Protocol (ATA/Min)</u>	<u>Patient Status</u> <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient	<u>Safety Check</u> <input type="checkbox"/> Correct Clothing <input type="checkbox"/> No Prohibited Items
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<u>Physician</u>	<u>Operator</u>	<u>Medications</u> <input type="checkbox"/> Afrin spray <input type="checkbox"/> Pseudoephedrine <input type="checkbox"/> Other (see notes) <input type="checkbox"/> None
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<u>Pre-treatment Vital Signs</u>				<u>Time:</u>			
<u>BP</u>	<u>Pulse</u>	<u>Resp</u>	<u>Temp</u>	<u>Pain Level</u>	<u>FSBS</u>	<u>Breath Sounds</u> <input type="checkbox"/> CBL <input type="checkbox"/> Other <input type="checkbox"/> N/A	<u>Bilateral TM check</u> <input type="checkbox"/> Normal <input type="checkbox"/> Other <input type="checkbox"/> N/A

<u>HBO Tx #:</u>	<u>Cycle #</u>
Start Time	
Pressure Reached:	
Air Break – On Air	
Air Break – Off Air:	
Ascent Began:	
End Time:	
Time at Pressure:	:
Total Minutes:	:
Max Pressure (PSIG)	

Notes:

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