

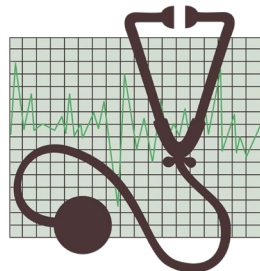
RESPIRATORY CARE SERVICES

DOCUMENTATION AND CHARGING PROCEDURES



ADD INTERVENTIONS

- ❖ Documentation and charging is done via interventions that you add (if the patient has a new order or is a new admit).
- ❖ To add an intervention(s):
 - Type in “AI” in the field at the top left of the patient’s intervention screen
 - Type in “RT” in the description field and hit the “F9” button to bring up the list of RT interventions.
 - Using the up and down arrow keys, scroll down to the intervention that you need to add and hit the “Ctrl” key on the **right hand side** of the keyboard. You can choose as many interventions as you need using the Ctrl key.
 - After choosing the interventions that you want, hit “F12” twice then choose “Yes” to add the interventions.



Current Date/Time DAN | 1: 04 of 36

Document Document Add Select Change View Order Edit >More
 Interv's Interv Interv's Interv's Status History Detail Text

Patient [REDACTED] Status ADM IN Room H.562N
 RESUSCITATION STATUS Limited Admit 04/18/23 Bed 1
 Attend Dr ZHANG Zhang, Min MD Age/Sex 05M 120 F Loc H.PICU
 Start Date 09/09/23 at 0000 End Date 09/09/23 at 2359 Med Edit 09/09 1620 Unit# H002259216
 Include A, D AS, CP, MD, OE, PS 1:99 OWH INT Acuity

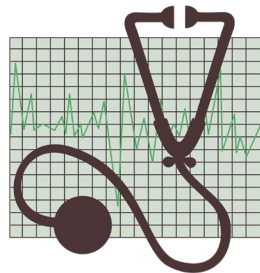
Care Items	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Routine Care									
-Routine Daily Care +	A								
-Hygiene Care +	A				1h				CP
-Lines/Drains/Airways +	A				9h				CP
-Teach/Educate +	A				23d				CP
-Manage/Refer/Contact/Notify +	A				1d				CP
Respiratory Therapy									

Description	Number
RT 1:1 Time Assessment +	220599
RT PED: Suction/Cath Aspiration +	221233
RT: Arterial Stick +	#B 221178
RT: Bedside PFT +	#B 221176
✓ RT: BiPAP/CPAP +	220594
RT: Bronch Assist +	220551
RT: Chest Physiotherapy +	220554
RT: Chest Physiotherapy - Initial +	#B 220552
RT: Chest Physiotherapy - Subsequent +	#B 220553
RT: Continuous Neb. TX +	220555
✓ RT: Cough Assist +	#B 220598
RT: ECMO +	220593
RT: Extubation +	220559
RT: Heated High Flow O2 +	221173
RT: Heliox +	221192
RT: Incentive Spirometry +	221195
RT: Initial Evaluation +	220595
RT: Inpatient CPR +	* 220546
RT: Intubation - Inpatient +	220544

<Right Ctrl> Key to check/uncheck

DOCUMENTING THERAPY

- ❖ To document your patient's therapies/procedures, click on the therapy then type DN (Document Now) in the box at the upper left hand corner.
- ❖ Documentation
 - Nebulizer treatment: Choose from the list
 - Choose "Yes" to go to eMar to document meds
 - Scan the patient's armband
 - Scan the medication. The medication and administration time will be highlighted in the eMar.
 - Make any changes (if necessary) and click Submit
 - Complete remaining fields
 - Click Yes to File Data. This charges for the treatment and records your documentation of therapy.



Process Care Items

Current Date/Time DAN

Document Document Add Select Change View Order Edit >More
Now Interv's Interv Interv's Status History Detail Text

Patient RESUSCIT Status ADM IN Room H.577NW
Admit 08/27/24 Bed 1
Attend Dr Age/Sex 1Y 08M M Loc H.5NW
Start Date at 2359 Med Edit 01/08 1313 Unit# H002385158
Include A,D AS,CP,HO,OE,PS 1:99 OWN INT Acuity

Care Items	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Routine Care									
-Routine Daily Care +	A				19h				PS
-Hygiene Care +	A				1d				PS
-Lines/Drains/Airways +	A				7h				CP
-Teach/Educate +	A				23h				CP
-Manage/Refer/Contact/Notify +	A				4d				CP
Respiratory Therapy									
-RT: Chest Physiotherapy +	A				13h				PS
-RT: Nebulizer Treatment +	A				6h				PS
-RT: Extubation +	A				11d				PS
-RT: Ventilator Flowsheet +	A				11d				PS
-RT: Oxygen +	A				12h				PS
-RT: BIPAP/CPAP +	A				6h				PS

Wednesday, January 8, 2025 13:22 Allergies

A	Start	Stop	Medication	Sched	Time	Tue	Wed	Thu	01/08	01/09
✓	12/04/24	1200	Pulnicort Respules 0.5 mg INH RTB10	0800	0812	0836	0800			
	09/30/25	1159	BUDESONID... (Give 2 ml of 0.5 mg/2 ml)	2000	1945	2000	2000			
	12/04/24	1200	Pulnicort (Budesonide) 0.5mg Respule...	0800	0812	0836	0800			
	09/30/25	1159	Xopenex 1.25 mg/... 0.625 mg INH RTQ12H	2000	1940	2000	2000			
	09/30/25	1159	Levalbut... (Give 1.5 ml of 1.25 mg/...							
	12/29/24	1732	Non-Formulary: Levalbuterol (Xopenex...							
	10/25/25	1959	NaCL 3Z for Inhalatio... 4 ml INH RTB10	0800	0812	0836	0800			
	10/25/25	1959	Sodium Chi... (Give 1 VIAL.NEB of 4 ml)	2000	1940	2000	2000			
	11/16/24	1024	NaCL 3Z Inhalation (4 mL) Neb							
	09/12/25	1023	Xopenex 1.... 0.625 mg INH RTQ4H PRN...							
	09/12/25	1023	Levalbut... (Give 1.5 ml of 1.25 mg/...							
	09/12/25	1023	Non-Formulary: Levalbuterol (Xopenex...							

Document | Ack | Preferences | Drug Data | eMAR Reports | Change Order | Other | Submit | More | Exit

VENTILATOR AND BIPAP CHARGING

- ❖ Ventilators and BiPAPs are only charged **1 time in a 24 hour period**
- ❖ Charges for vents and BiPAP are done **AFTER MIDNIGHT**
- ❖ Oxygen utilized with vents and BiPAP is **charged separately** in the **oxygen intervention**. It is NOT automatically charged when you charge for vent/BiPAP.
- ❖ Only charge oxygen when the patient is using **>21% O₂**.



BIPAP DOCUMENTATION AND CHARGING

- ❖ Designated fields in the documentation screen will prompt the “charge screen” to appear so that you can charge for your therapy. This allows you to document as often as you need to without charging.
- ❖ When you choose “Initial” or “Subsequent” in the BIPAP/CPAP treatment field, it will prompt the charge screen so that you can charge. If you are not ready to charge, **simply skip this field.**

REMEMBER!!

Unless it is a new start, charging is done only once in a 24 hour period after midnight!

- RT BIPAP/CPAP TREATMENT -

BIPAP/CPAP treatment: Subsequent

Is this patient's personal machine: No

Mode: BIPAP

Mask type: Full face

Mask size: Large

O2 Liters per minute:

FiO2%: 80

Nitric concentration (ppm):

Set IPAP (cm H2O): 14

Measured IPAP (cm H2O):

Set EPAP/CPAP (cm H2O): 8

Measured EPAP/CPAP (cm H2O):

Set respiratory rate: 14

Respiratory rate: 18

Inspiration time (seconds): 1.00

Options

<Return> <Exit>

VENTILATOR DOCUMENTATION/CHARGING (INITIAL VENTILATOR START)

RT Ventilator Flowsheet 02/01 1458 H00738089970 ALIMARLTAHA

Ventilator flowsheet treatment:

- 1 Adult
- 2 Peds

Ventilator flowsheet treatment: Adult

Intubated prior to admission:

Mechanical ventilation start date: *

Mechanical ventilation start time: *

Mechanical ventilation stop date:

Mechanical ventilation stop time:

Ventilator mode:

Nitric:

Heliox:

(Next Page)

- ❖ When starting a new ventilator, you must document the start date and start time.
- ❖ Any field with * must be completed! The system will not allow you to proceed until it is done.



If patient is on >21% FiO₂, charge it in the oxygen intervention!

- ❖ Since this is a new start, you will need to type “INT” in the comment field. This will prompt the charge screen so that you can charge the ventilator.

RT Ventilator Flowsheet 02/01 1458 H00738089970 ALIMARLTAHA

Ventilator flowsheet comments:

Enter free text

Ventilator flowsheet comments: INT

(Prev Page)

(End)

VENTILATOR DOCUMENTATION/CHARGING

(INITIAL VENTILATOR START)

Current All Session

Category	Orders	Pri	Date/Time	Status	Stop	My
+ Nursing (24)						
+ Medical						
+ Cardiac						
+ Therapeutic						
+ Other						

Order Management

Ordering Provider: FANJE Fanning, Jeffrey J MD

Other Provider:

Order Source: Z

OK Cancel

View/Change
Renew/Repeat
Hold Resume
DC
Undo
Order Sets
Orders
Orders/Fluids
as Set
Notifications
Cont from AMB
Reconcile Meds
Transfer/Receive
Discharge Plan
Preferences

- ❖ Complete the Ordering Provider field.
- ❖ If you do not know the physician mnemonic, type in the first 3 letters of the last name and click on F9 and choose from the drop down list.
- ❖ The Order Source is always "Z".
- ❖ Click OK to proceed to complete the charging process.

VENTILATOR DOCUMENTATION/CHARGING

(INITIAL VENTILATOR START)

Buttons: Add More, Add to Favorites, Clear Unchecked, Save as Set

Orders	Pri	Start/Service	Series	Directions	Qty	Details
<input checked="" type="checkbox"/> VENT MGMT IP/OBS SUB DAY CR...	R	01/08 1421			1	Req

- ❖ The verification screen appears. The “Qty” field is automatically populated as 1 since ventilators and BIPAP are only charged once in a 24 hour period.
- ❖ Click Done complete the charging process.

Buttons: Done, Cancel, Help



VENTILATOR DOCUMENTATION/CHARGING (SUBSEQUENT DAY)

RT Ventilator Flowsheet 02/01 1458 H00738089970 ALIMARI,TAHA

Ok Ventilator flousheet treatment:

- ✓ 1 Adult
- 2 Peds

Ventilator flousheet treatment: Adult

Intubated prior to admission:

Mechanical ventilation start date: *

Mechanical ventilation start time: *

Mechanical ventilation stop date:

Mechanical ventilation stop time:

Ventilator mode:

Nitric:

Heliox:

(Next Page)

- ❖ Charging for subsequent day ventilators is done by the night shift after midnight.

RT Ventilator Flowsheet 02/01 1458 H00738089970 ALIMARI,TAHA

Ok Ventilator flousheet comments:

Enter free text

Ventilator flousheet comments: SUB

(Prev Page) (End)

- ❖ When you are ready to charge, type in “SUB” in the comments box to bring up the charge screen. Charging is only done **once in a 24 hour period**.



If patient is on **>21% FiO2**, charge it in the oxygen intervention.

VENTILATOR DOCUMENTATION/CHARGING (DC VENTILATOR)

RT Ventilator Flowsheet 02/01 1458 H00738089970 ALIMARI,TAHA

Ok Ventilator flousheet treatment:

- ✓ 1 Adult
- 2 Peds

Ventilator flousheet treatment: >Adult

Intubated prior to admission:

Mechanical ventilation start date: *

Mechanical ventilation start time: *

Mechanical ventilation stop date: 08/25/23

Mechanical ventilation stop time: 0130

Ventilator mode:

Nitric:

Heliox:

(Next Page)

❖ When discontinuing the ventilator, you must document the date/time that the vent was discontinued on this flow sheet.

❖ Stop date/time must be documented when patient is extubated, expires or is transferred to hospice or organ harvesting care.

❖ Patients that are placed on hospice or transplant are given a new patient number. If the ventilator is continued, it is documented as a new start.



If patient is on >21% **FiO2**, charge it in the oxygen intervention.

OXYGEN DOCUMENTATION AND CHARGING

Care Items	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Routine Care									
-Routine Daily Care +	A		8h	PS					
-Teach/Educate +	A				CP				
Respiratory Therapy									
-RT: Nebulizer Treatment +	#B A		5h	PS					
-RT: Extubation +	A				PS				
-RT: Weaning Assessment +	A		7h	PS					
-RT: Ventilator Circuit Sheet +	A		5h	PS					
-RT: Oxygen +	A		15h	PS					
-RT: Arterial Stick +	#B A		9d	PS					
-RT: Nitric Oxide +	A		2d	PS					
-RT: Incentive Spirometry +	A				PS				
Physician Orders									
-WC: Wound Care Instructions	+2 A		*		OE				
-Activity	+2 A		*		OE				
-Advance Diet as Tolerated	+2 A		*		OE				

❖ Oxygen is documented **every shift** for the total number of hours used during your shift.

❖ **NIGHT SHIFT:** Oxygen is charged **after midnight** for the total number of hours used during your shift.

- ❖ Complete the fields as necessary
- ❖ If only documenting a change, but you are not ready to charge, skip the “Number of oxygen hours” field.
- ❖ Click on “Next Page” to complete and file.

Oxygen delivery devices:

<input type="checkbox"/> Room air	<input type="checkbox"/> Face mist tent	<input type="checkbox"/> RAM cannula
<input checked="" type="checkbox"/> Nasal cannula	<input type="checkbox"/> High flow nasal cannula	<input type="checkbox"/> Resuscitation bag/mask
<input type="checkbox"/> Mask +	<input type="checkbox"/> High frequency vent +	<input type="checkbox"/> T piece
<input type="checkbox"/> Ventilator	<input type="checkbox"/> Nasal IPPV	<input type="checkbox"/> Tracheostomy collar
<input type="checkbox"/> Airway pressure device +	<input type="checkbox"/> Oxygen hood	<input type="checkbox"/> Transtracheal
<input type="checkbox"/> Blow by	<input type="checkbox"/> Oxymizer	

Oxygen detail: Humidified

Oxygen delivery devices: >NC

O2 Liters per minute: 5

O2 mL per minute:

SpO2 %: 95

FIO2%: 100

ETCO2:

Nitric:

Number of oxygen hours: >12

(Next Page)

OXYGEN DOCUMENTATION AND CHARGING (CONTINUED)

Oxygen delivery devices:

<input type="checkbox"/> Room air	<input type="checkbox"/> Face mist tent	<input type="checkbox"/> RAM cannula
<input checked="" type="checkbox"/> Nasal cannula	<input type="checkbox"/> High flow nasal cannula	<input type="checkbox"/> Resuscitation bag/mask
<input type="checkbox"/> Mask +	<input type="checkbox"/> High frequency vent +	<input type="checkbox"/> T piece
<input type="checkbox"/> Ventilator	<input type="checkbox"/> Nasal IPPV	<input type="checkbox"/> Tracheostomy collar
<input type="checkbox"/> Airway pressure device +	<input type="checkbox"/> Oxygen hood	<input type="checkbox"/> Transtracheal
<input type="checkbox"/> Blow by	<input type="checkbox"/> Oxygnizer	

Oxygen detail: Humidified

Oxygen delivery devices: NC

O2 Liters per minute: 5

O2 mL per minute:

SPO2 %: 95

FiO2%: 100

ETCO2:

Nitric:

Number of oxygen hours: 12

(Next Page)

- ❖ Enter the physician's mnemonic in the "Ordering Provider" field. (If you do not know the MD mnemonic, type in the first 3 letters of the last name and click F9 for a listing).
- ❖ In the "Order Source" field type in Z
- ❖ Click OK and then "Yes" to file to charge for your shift.

- ❖ To charge, place the number of hours of oxygen used during your shift in the "Number of oxygen hours:" field.
- ❖ Click "Next Page".
- ❖ Click "End".
- ❖ Click "Yes" to file.

Current All Session

Category	Orders	Pri	Date/Time	Status	Stop	My
+ Nursing (32)						
+ Medication						
+ Blood	Ordering Provider	SHUAL				
+ Cardiac	Other Provider					
+ Therapeutic	Order Source	Z				
+ Other						

Order Management

Ordering Provider: SHUAL

Other Provider:

Order Source: Z

OK Cancel

NITRIC DOCUMENTATION AND CHARGING

Process Care Items

Current Date/Time DAN I: 0/ of 83

Document Document Add Select Change View Order Edit >More
Now Interv's Interv Interv's Status History Detail Text

Patient [REDACTED] Status ADM IN Room H.708E
Resuscitation Status Full Code Admit 01/22/19 Bed 1
Attend Dr MCBMI McBride, Michael MD Age/Sex 75 M Loc H.7EW
Start Date 02/01/19 at 0000 End Date 02/01/19 at 2359 Med Edit 02/01 1206 Unit# H001115618
Include A,D AS,CP,MO,OE,PS 1:99 OWN INT Acuity

Care Items	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Routine Care									
-Routine Daily Care +	A		8h	PS					
-Teach/Educate +	A		20h	CP					
Respiratory Therapy									
-RT: Nebulizer Treatment +	#B	A	5h	PS					
-RT: Extubation +	A			PS					
-RT: Weaning Assessment +	A		7h	PS					
-RT: Ventilator Flowsheet +	A		5h	PS					
-RT: Oxygen +	A		15h	PS					
-RT: Arterial Stick +	#B	A	9d	PS					
-RT: Nitric Oxide +	A		2d	PS					
-RT: Incentive Spirometry +	A			PS					
Physician Orders									
-MC: Wound Care Instructions	+2	A	*	OE					
-Activity	+2	A	*	OE					
-Advance Diet as Tolerated	+2	A	*	OE					

❖ Nitric is charged each shift for the **total number of hours used on your shift.**

❖ Nitric should be documented and charged via the Nitric Oxide intervention. There is a field on the vent flowsheet to document nitric; however, it cannot be charged from the flow sheet.

❖ **When you are ready** to charge nitric for your shift, add a reading into the “NO measured (ppm)” field to prompt the charge screen to appear.

❖ **NIGHT SHIFT:** Nitric is charged **after midnight** for the **total number of hours used** during your shift.

OK NO set (ppm):

7	8	9	Del
4	5	6	
1	2	3	
-	0	.	Calc

Oxygen
smokin

NO set (ppm):

NO measured (ppm):

NO2 measured (ppm):

Set FiO2%:

FiO2 measured:

NO high:

NO low:

NO2 high:

Oxygen high:

Oxygen low:



You can document nitric as often as necessary without charging by skipping the “NO measured (ppm)” field

HELIOX DOCUMENTATION AND CHARGING

Patient	H
RESUSCITATION STATUS	Full Code
Attend Dr	SCHCL Schwendeman, Clair A MD
Start Date	09/10/23 at 0000
End Date	09/10/23 at
Include	A,D AS,CP,MO,OE,PS 1:99 OWN INT
Care Items	Sts
Respiratory Therapy	
-RT: Oxygen +	A
-RT 1:1 Time Assessment +	A
-RT: Heated High Flow O2 +	A
-RT: Transport +	A
-RT: Heliox +	A
Physician Orders	
-Intake & Output	+2 A
-Measure Circumference	+2 A
-Measure Length	+2 A
NICU Feeding	0

❖ Heliox is charged on each shift for the **total number of hours used on your shift.**

❖ Heliox should be documented and charged via the Heliox intervention. When charging, it automatically populates the hours field as 1. **Backspace to erase and add the correct number of hours for your shift.**

❖ **When you are ready to charge** heliox for your shift, add a reading into the "Heliox concentration %" field to prompt the charge screen to appear.

❖ **NIGHT SHIFT:** Heliox is charged **after midnight** for the **total number of hours** used during your shift.

- HELIOX THERAPY - -	
Heliox start date:	08/14/23
Heliox start time:	1045
Heliox stop date:	
Heliox stop time:	
Heliox liter flow L/min:	5
Heliox concentration %:	70
Method of administration:	Inline
Heart rate:	138
Respiratory rate:	35
SPO2 %:	100
- LUNG SOUNDS - -	
Left upper lobe:	Clear

HEATED HIGH FLOW DOCUMENTATION AND CHARGING (OPTIFLOW, AIRVO, VAPOTHERM)

Current Date/Time DAN I: 0 of 22

Document Document Add Select Change View Order Edit >More
Now Intery's Intery Intery's Status History Detail Text

Patient [REDACTED] Status DIS IN Room H.568N
Resuscitation Status Full Code Admit 01/23/22 Bed 1
Attend Dr SANSH Sandell, Sharon R MD Age/Sex 5Y 00M F Loc H.PICU
Start Date 01/26/22 at 0000 End Date 01/26/22 at 2359 Med Edit 01/26 1023 Unit# H002121967
Include A,D AS,CP,MO,OE,PS 1:99 OWN INT Acuity

Care Items	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Routine Care									
-Routine Daily Care +	D		5t	CP					
-Hygiene Care +	D		2d	CP					
-Lines/Drains/Airways +	D		2d	CP					
-Teach/Educate +	D		2d	CP					
-Manage/Refer/Contact/Notify +	D		1d	CP					
Respiratory Therapy									
-RT: Chest Physiotherapy - Initial +	#B D		3d	PS					
-RT: Chest Physiotherapy - Subsequent +	#B D		5h	PS					
-RT: Nebulizer Treatment +	#B D		5h	PS					
-RT: Oxygen +	D		1d	PS					
-RT: Metered Dose Inhaler +	D		5h	PS					
-RT: Heated High Flow O2 +	D		1d	PS					

- ❖ Patients utilizing **Optiflow, Airvo or Vapotherm** must be documented in the “Heated High Flow O2” intervention.
- ❖ **All high flow documentation and charging is done in this intervention.** DO NOT additionally document in the “Oxygen” intervention!
- ❖ When charging for high flow O2, you charge for the total number of hours the patient used the high flow unit regardless of FiO2.
- ❖ **NIGHT SHIFT:** High flow oxygen is charged **after midnight** for the **total number of hours** used during your shift.

HEATED HIGH FLOW DOCUMENTATION AND CHARGING

(OPTIFLOW, AIRVO, VAPOTHERM)

- - RT HEATED HIGH FLOW OXYGEN - -

Heated high flow O2 treatment: Peds - subsequent

O2 Liters per minute: 10

O2 mL per minute:

FiO2%: 21

Pulse: 155

Pulse source: Monitor

Respiratory rate: 46

SpO2 %: 96

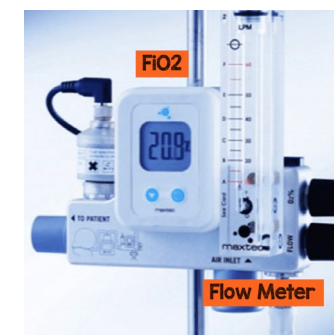
Heated high flow O2 delivery device: Trach collar

O2 temperature F:

O2 temperature C: 37

Heated high flow oxygen therapy comments:

- ❖ You can document as often as necessary without charging by skipping the “Heated high flow O2 treatment:” field.
- ❖ This allows you to documented any changes during your shift.
- ❖ **When you are ready to charge,** complete the “Heated high flow O2 treatment:” field and the additional information along with the hours used during your shift.



HEATED HIGH FLOW DOCUMENTATION AND CHARGING (OPTIFLOW, AIRVO, VAPOTHERM)

Current All Session

Category	Orders	Pri	Date/Time	Status	Stop	My
+ Nursing (24)						
+ Medical						
+ Cardiac						
+ Therap						
+ Other						

Order Management

Ordering Provider: FANJE Fanning, Jeffrey J MD

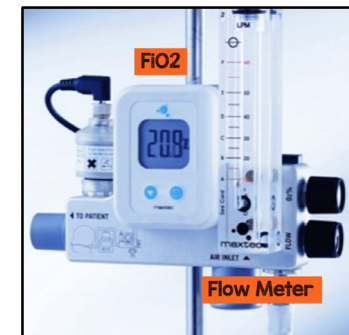
Other Provider: [] []

Order Source: 7

OK Cancel

View/Change
Renew/Repeat
Hold Resume
DC
Undo
Order Sets
Orders
Orders/Fluids
Order as Set
Notifications
Cont from AMB
Reconcile Meds
Transfer/Receive
Discharge Plan
Preferences

- ❖ Complete the Ordering Provider field.
- ❖ If you do not know the physician mnemonic, type in the first 3 letters of the last name and click on F9 and choose from the drop down list.
- ❖ Click OK to proceed to complete the charging process.



HEATED HIGH FLOW DOCUMENTATION AND CHARGING (OPTIFLOW, AIRVO, VAPOTHERM)

Preview/Edit

1. Req'd Queries are Missing.
2. Quantity is required.
3. Must review order detail.

Add More Add to Favorites
Clear Unchecked Save as Set

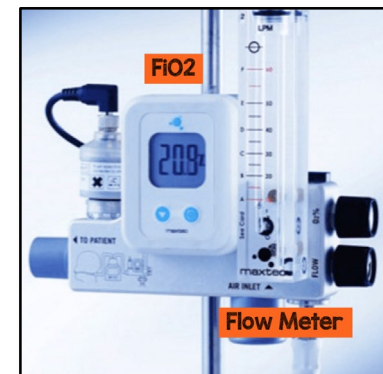
Orders	Pri	Start/Service	Series	Directions	Qty	Details
<input checked="" type="checkbox"/> 02 Heated High Flow (RESP)	R	01/08 1345				Rep

Type in the total number of hours you need to charge for your shift.

12
<None>
1
2
3
4
5
6
7
8
9
10
<Clear>
<Cancel>

Done Cancel Help

- ❖ Type in the total number of hours that the patient used the high flow device on your shift and click Enter.
- ❖ Click “Done” to file to complete charging.



ABG PUNCTURE

Process Care Items

Current Date/Time DAN I: 0/ of 70

Document Now Document Interv's Add Interv Select Interv's Change Status View History Order Detail Edit Text >More

Patient [REDACTED] Status ADM IN Room H.3311
 Resuscitation Status Full Code Admit 07/17/18 Bed 1
 Attend Dr SHUAL Shulkin, Allan N MD Age/Sex 50 F Loc H.MICU
 Start Date 02/07/19 at 0000 End Date 02/07/19 at 2359 Med Edit 02/07 0912 Unit# H001721721
 Include A,D AS,CP,MO,OE,PS 1:99 OWN INT Acuity

Care Items	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Routine Care									
-Routine Daily Care +	A			5h	CP				
-Teach/Educate +	A			5h	CP				
-Manage/Refer/Contact/Notify +	A			9d	CP				
Respiratory Therapy									
-RT: Inpatient CPR +	* A			01d	PS				
-RT: Bronch Assist +	A			01d	PS				
-RT: Nebulizer Treatment +	#B A			26m	PS				
-RT: Weaning Assessment +	A			15h	PS				
-RT: Ventilator Flowsheet +	A			4h	PS				
-RT: Oxygen +	A			2h	PS				
-RT 1:1 Time Assessment +	A			2d	PS				
-RT: Transport +	A			10d	PS				
-RT: Arterial Stick +	#E A			81d	PS				
-RT: Nasotracheal Suction +	#B A			01d	PS				
-RT: Nitric Oxide +	A			01d	PS				



- ❖ When you perform a blood gas stick, you charge using the “Arterial Stick” intervention.
- ❖ This intervention is only used when you perform an actual arterial stick.
- ❖ This is **NOT** used for heel stick, CBG, or arterial line draws.

View Document Activity View Only - RT Arterial Stick

Patient [REDACTED]

Date Time by

Occurred 10/19/18 1105 VBS SHPATI,VAL B Recorded at terminal MCDHD3NCLS12

Recorded 10/19/18 1817 VBS SHPATI,VAL B By monitor

- [ARTERIAL STICK] - -

Allens test performed: Yes

Allens test results:

Arterial stick site:

Arterial stick comment:

LUNCH PUNCH

LUNCH
PUNCH!!!

- **ALL staff** are expected to badge in/out for lunch **daily**
- If you are unable to take your lunch:
 - Call you TL and let them know that you have not been able to take a 30 minute break
 - If they are unable to relieve you for lunch, you need to note that you were unable to take a lunch break in the blue book
- You should NOT be writing in your lunch in the book every day.

LEADERSHIP TEAM

Your leadership team is here to help you with any questions or concerns.

TITLE	NAME	OFFICE PHONE	EMAIL
Director	Tony Spera	972-566-5751	Tony.spera@medicalcityhealth.com
Manager (Adult, H&S)	Alberto Perez	972-566-7235	Alberto.perez@medicalcityhealth.com
Manager (Pediatric)	Morgan Mora	972-566-7268	Morgan.Mora@medicalcityhealth.com
Supervisor (Day Shift)	David Nelson	972-566-7322	David.nelson@medicalcityhealth.com
Supervisor (Day Shift)	David Gibson	972-566-5392	David.gibson@medicalcityhealth.com
Supervisor (Day Shift)	Mubark Fadl	972-566-7231	Mubark.fadl@medicalcityhealth.com
Educator	Chris Cates	972-566-4306	Christopher.cates@medicalcityhealth.com
Pulmonary Lab Coordinator	Louis Bracken	972-566-7234	Louis.bracken@medicalcityhealth.com
Supervisor (Heart & Spine)	Jeremy Miller	972-940-8105	Jeremy.miller@medicalcityhealth.com
Supervisor (Night Shift)	Sunil Edward	972-566-7444	Sunil.edward@medicalcityhealth.com
Clinical Operations Coordinator	Shayla Dollar	972-566-2701	Shayla.dollar@medicalcityhealth.com
Supervisor (Night Shift)	Ramona Faught	972-566-2701	Maria.faught@medicalcityhealth.com
Educator	Haley Engelbrecht	972-566-2375	Haley.camp@medicalcityhealth.com
Supervisor (Day Shift)	Gabby Loggins	972-566-7022	Gabrielle.johnson@medicalcityhealth.com