

Vent Specific Question Form

- A. What is the PEEP setting? _____
- B. What is the current FiO2 level? _____
- C. Have there been any significant changes in the level or setting as noted in A or B above?
Yes No
If yes, please explain. _____
- D. Is there a chest tube or tubes? Yes No
- E. Does the patient require suctioning? Yes No
If yes, how often? _____
- F. Does the patient require isolation? Yes No
If yes, please explain. _____
- G. Is the patient being weaned? Yes No
- H. Is weaning to be started in the next 30 days? Yes No
If yes, please explain reason and plan. _____
Has weaning been attempted in the past? Yes No
If yes, please provide details including dates and results. _____
- J. Is the patient currently receiving pulmonary rehabilitation? Yes No
If yes, please explain including frequency. _____
- K. Has the patient been on a ventilator for less than six months? Yes No
How long has the individual been on a ventilator? _____
- L. Is patient's O2 level stable? If not, please explain: _____

- M. Number of times blood gases have been required in the last 2 weeks. _____
- N. If patient is currently in a chronic hospital, please provide the date of last acute hospitalization and the reason for transfer to the chronic hospital. _____
- O. If patient is currently in a nursing home, please provide the date of last acute hospitalization and the reason for transfer to the nursing home. _____
- P. If the patient has required transfer to an emergency room in the last 30 days, please provide the number of times and the reasons. _____

Signature of Health Care Professional

Date