Vent Specific Question Form

A. What is the PEEP setting? 

B. What is the current Fi02 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