McLaren

GREATER LANSING

Arterial Blood Gas Slip

Date: _____ Vent: _____ Peep: _____
Time: _____ Mode: _____ IPAP: _____
RT Name: _____ PSV: _____ EPAP: _____
FIO2: _____ Pt.Rate: _____ Allenstat: _____
Oxygen: _____ Vent Rate: ____ Site: _____
Flow: _____ VT/PTIP: _____ PH: TH:
PLO: TLO:

☐ Blood gas + co-ox art. POC ☐ Blood gas + co-ox venous POC
☐ Blood gas arterial w/co-ox, glu, lactic, lytes POC
☐ Blood gas venous w/co-ox, glu, lactice, lytes POC
☐ PH Venous ☐ Blood co-oximetry venous
☐ Blood gas cord art POC ☐ Blood gas cord ven. POC
☐ Blood gas + Co-ox capillary POC

Comments: _____

_____

_____

PT.

MR.#/P.M.

DR.