

**RESPIRATORY THERAPY CHARGES  
DOWNTIME SLIP**



Patient Name \_\_\_\_\_

Patient FIN Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

RT Charge Description	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
Daily Oxygen Charge						
Pulse Oximetry – Single						
Pulse Oximetry – Multiple						
Pulse Oximetry – Continuous						
Nebulizer Treatment						
Aerosol Demo Evaluation						
Continuous Inhalation Treatment						
BiPAP Initial Day						
BiPAP Subsequent Day						
CPAP Initial Day						
CPAP Subsequent Day						
Sleep Apnea Assessment						
Ventilator Initial day						
Ventilator Subsequent Day						
Vital Capacity						
Gas Dilution Washout for Lung Volume						
Six Minute Walk						
Arterial Blood Gas Draw						
Venous Blood Gas Draw						
Home Oxygen Evaluation						
Assist CPR						
Arterial Line Placement						
Intubation						

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RT Charge Description	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
Delivery Birth Room						
Tracheostomy Tube Change						
Nasal Tracheal Suction						
Chest Wall Manipulation – Initial						
Chest Wall Manipulation – Subsequent						
Mechanical Oscillation						
Chest Physiotherapy						
Body Plethysmograph						
Bronchoprovocation						
Diffusion (DLCO)						
Exercise Provocation						
MVV Only						
Oxygen with CO2 Output						
PFT Stress Test Simple						
Spirometry						
Spirometry Before and After						
VO2 Max Exercise Test						
Indirect Cal O2 Uptake CO2 Output						
Sleep Study > 6 Hours						
Sleep Study < 6 Hours						
Sleep Study w HR > 6 Hour						
Sleep Study w HR < 6 Hour						
Transcutaneous Measurement of Hgb						
Other:						