## MSH Patients' Follow Up - Extension I Form 67 - Arterial Blood Gases

## <u>Instructions</u>

- 1. Arterial blood gases are collected at every Annual Visit.
- 2. The date and time that the sample was drawn should be recorded in the identifying information box.

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ARTERIAL BLOOD GASES		Parigodo Legier Garre	E-10.50 AGA 431.			-				
ANALYSIS		Aliquel Well	THE RESIDENCE		<del>4</del>	1	A	v		!
	sterio E. a	Well bale			<del>~ j``</del>				<del>_</del> -	
1. Date and Time:		_	7	IME	L_		VIS	_1	'_	لب
	Month	Year		24 hour c	- lock					
2. Is the patient acutely III? ACL	atelyi	LL	Yes (							
If YES, skip to Item 9 a III.	nd brin	g the patient back for	another cli	nic visit wi	nen the	patien	it is n	ot ac	cutely	,
3. Is this patient a smoker? SMC	KE	•	Yes ()	No ()						
If YES, how many hours	s ago d	ld he/she last smoke?	LASTSMI	DKE 61	veeks o	r more	e() S	SIXV	NFF	<b>Y</b> C
4. In steady state on room air (red	quired):	ROOMAIR.	Yes ()				`, -		T be bes	<b>~</b> 3
if NO, please provide an	explan	nation and O2 % admin	istered <u>E</u>	XPLAIN	<del></del>					•
5. Was Arterial Blood Gas perform	med?	RIMOGAC			<del></del>	<u> </u>				•
If NO, skip to item 8.		hmhclu2	Yes ()	No ( )						
6. Tensions and activities:										
а. рн		. h Pani	PA02							
		c. PaCO2 PAC	ከኅ			łg				
7. Was co-oximetry performed? (				mm H No ( )	9					
If NO, skip to ite	m 8.									
a. Carboxyhemogi b. Methemoglobin c. Oxyhemoglobin	obin	CARBOXYHEM METHEM DXYHEM				•				
8. Was transcutaneous oxygen satu	uration		Yes ()	No ()						
If NO, skip to iten	n 9.									
a. % 02 Saturation		PERCENTUZ	•			•				
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Patient ID