

Respiratory Therapy Evaluation and Flow Record

Assessment Reference Date (ARD): _____ *Month:* _____ *Year:* _____

Directions: For the North Carolina MDS Validation Review, a trained, licensed nurse (or Respiratory Therapist) must complete an initial assessment, document the plan of treatment and must evaluate the resident's response to the treatment at least once within the observation period. (The evaluation might include such items as lung sounds, congestion, cough, sputum, dyspnea, oxygen, call to physician, new orders, etc.) Each nurse completing respiratory treatments must be trained in the treatment(s) being provided. Treatment must be ordered by a physician, be medically necessary and be documented in the clinical record. Count only the time the qualified professional spends with the resident. Direct respiratory therapy days and minutes with associated initials/signature(s) must be provided.

NOTE: A trained, licensed nurse may perform the assessment and treatments when permitted by the state nurse practice act.

Treatment Order: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time/min																															
Initials																															
Time/min																															
Initials																															
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Initials																															

Initials	Full Signature and Title	Initials	Full Signature and Title

Full signatures required to authenticate initials.

Resident Name	Medical Record Number	Room Number

Respiratory Therapy Evaluation and Flow Record

Month: _____

Year: _____

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NOTE: A trained, licensed nurse may perform the assessment and treatments when permitted by the state nurse practice act.

Trained, licensed nurse or Respiratory Therapist Initial Evaluation/Assessment *(Must be within the observation period):*

Treatment Order: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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