Date: _____

VITAL SIGNS										CLINICAL ASTHMA SCORE (WOODS-DOWN)													
					Med./Neb.						O_2 Score			Insp. BS			Acc. Musle Use			Exp. Whz			LOC				
Time	HR	RR	BP	Peak Flow Pre-Rx	Dose	Peak Flow Post-Rx	SaO_2 %	FiO_2	Comments	0. 93-100%RA	1. <93% RA	2. <93% w/40% O_2	0. Normal	1. Unequal	2. Decreased-Absent Bilat.	0. None-Minimal	1. Moderate	2. Maximal	0. None-Minimal	1. Moderate	2. Marked	0. Normal	1. Depressed /Agitated	2. Coma	Total (0 - 10)	Initials

Enter 0, 1 or 2 As Appropriate

Initials	Signature

Initials	Signature

Initials	Signature

Northwest Community Hospital
Arlington Heights, IL 60005

Respiratory Assessment Flow Sheet

Form # 005.255-06/01-2-PS

NCH Item # 35316