



Biochemistries - Blood Gases

Patient ID: ___ - ___ - ___

Date of sample (mm/dd/yy): ___ / ___ / ___

Time of sample (24 hr.): ___:___

Time-point (if applicable): 8 Week 6 Month 12 Month

Blood Gases

		Units	Time (if different from above)	Not Done
1. pH	_____	1 <input type="checkbox"/> arterial 2 <input type="checkbox"/> venous	___:___	<input type="checkbox"/>
2. PaO ₂	_____	mmHg	___:___	<input type="checkbox"/>
3. PaCO ₂	_____	mmHg	___:___	<input type="checkbox"/>
4. O ₂ Saturation	_____	%	___:___	<input type="checkbox"/>