

Patient Name: TEST CRMC TEST PLEASE IGNORE
ABO: -----

UNOS #: -----
Tissue#: -----
Referral#: 18-08331

Donor Network West
12667 Alcosta Blvd, Suite 500
San Ramon, CA 94583 US 925-480-3100

ABG/LUNG MEASUREMENT

ARTERIAL BLOOD GASES

Date-Time	pH	pCO ₂	pO ₂	BE	HCO ₃	O ₂ Sat	FiO ₂	Rate	TV	PEEP	PIP	Mode
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Comments:	-----											

LUNG MEASUREMENT

Not performed:

Chest X-ray utilized for measurement: --/--/---- --:--

Length of Right Lung: -- cms

Length of Left Lung: -- cms

Aortic Knob Width: -- cms

Diaphragm width: -- cms

Chest Circumference [below nipple]: -- cms

Lung measurements taken on TV of: -- mL

Additional Comments:
