



แบบฟอร์ม BLOOD GAS โรงพยาบาลทันตกรรม

DATE.....TIME..... NAME AGE SEX OM OF..... WARD/CLINIC H.N. DIAGNOSIS REQUESTED BY	<input type="radio"/> BLOOD GAS (100-, 200-) TEMP (37 ⁰) C HB(12.0-16.0) G% PH (7.34-7.45) PCO ₂(35-45) MMHG PO ₂ (75-100) MMHG HCO ₃ (22-26) MM/L TCO ₂ (21-25) MM/L ABE (-2.4 TO + 2.3) MM/L SBE MM/L SBC (22-26) MM/L SAT(95-98) % O ₂ CT(15-23) VOL %
RESP.STATUS <input type="radio"/> ROOM AIR OXYGEN THERARY <input type="radio"/> YES <input type="radio"/> NO ROUTE ON RESPIRATOR <input type="radio"/> YES <input type="radio"/> NO FIO ₂ TRACHEOSTOMY <input type="radio"/> YES <input type="radio"/> NO OTHER <div style="text-align: right;">REPORTED BY</div>	

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