

## RESPIRATORY ROUTINE & INHALED MEDICATIONS

### PATIENT INFORMATION

Patient's name:

Date of Birth:

- This patient is not on any of the pulmonary medications below

#### BRONCHODILATORS (INHALED)

- Short acting beta agonist (e.g. albuterol, Proventil, Ventolin, Xopenex, etc.)  
 Long acting beta agonist (e.g. salmeterol, Serevent, Foradil, Brovana, etc.)  
 Short acting anticholinergic (e.g. ipratropium, Atrovent)  
 Long acting anticholinergic (e.g. tiotropium, Spiriva, etc.)  
 Combination beta agonist and anticholinergic (e.g. Combivent, DuoNeb, etc.)

#### MUCOLYTICS

- Hypertonic saline: Concentration (%):  
 3  4  5  6  7  8  9  10  
 Dornase alfa (Pulmozyme)  
 Acetylcysteine or Mucomist  
 Frequency:  QD  BID  Other regimen

#### ACT/EXERCISE PRIMARY AIRWAY CLEARANCE TECHNIQUE (ACT)

- |   |  |
|---|--|
| <input type="checkbox"/> Positive Expiratory Pressure (PEP)   | <input type="checkbox"/> High frequency chest wall oscillation (e.g. Vest) |
| <input type="checkbox"/> Postural drainage with clapping (CPT)  | <input type="checkbox"/> Exercise  |
| <input type="checkbox"/> Forced expiratory techniques (e.g. autogenic drainage, huff cough, active cycle breathing) | <input type="checkbox"/> None  |
| <input type="checkbox"/> Oscillating PEP (e.g. Flutter, acapella, IPV)  | <input type="checkbox"/> Other (Specify): _____                            |

#### SECONDARY AIRWAY CLEARANCE TECHNIQUE (ACT)

- |  |   |
|--|---|
| <input type="checkbox"/> Positive Expiratory Pressure (PEP)                | <input type="checkbox"/> Forced expiratory techniques (e.g. autogenic drainage, huff cough, active cycle breathing) |
| <input type="checkbox"/> Postural drainage with clapping (CPT)             | <input type="checkbox"/> Exercise   |
| <input type="checkbox"/> High frequency chest wall oscillation (e.g. Vest) | <input type="checkbox"/> None   |
| <input type="checkbox"/> Oscillating PEP (e.g. Flutter, acapella, IPV)     | <input type="checkbox"/> Other (specify): _____   |

#### ANTIBIOTICS

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Tobramycin solution | <input type="checkbox"/> Gentamicin | <input type="checkbox"/> Amikacin               |
| <input type="checkbox"/> Tobi Podhaler       | <input type="checkbox"/> Colistin   | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Aztreonam (Cayston) |                                     | _____   |

#### FREQUENCY

- 300 mg BID alternate month schedule  
 300 mg BID continuous  
 Four 28mg capsules BID alternate month  
 75 mg TID Alternate Month Schedule  
 75 mg TID Continuous  
 Other regimen (different dose or freq)  
 Eradication

#### CORTICOSTEROIDS

- Inhaled (e.g. fluticasone, Flovent, budesonide, Pulmicort, etc.)  Inhaled in combination with a bronchodilator (e.g. Advair, Symbicort)

#### NOTES

#### THERAPIST INFORMATION

Therapist Name (please print):

Evaluation Date:

Respiratory Therapist  
Signature

Submission Date:

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