



## APPENDI A

### PASSPORT BEDSIDE MONITORING GUIDELINE

*This document is a guideline only to be used as an aid to comprehensive Inservice training.*

**NAME:**

**HOSPITAL:**

**DATE:**

**SIGNATURE:**

	P	P N	A N
<b>A. OBSERVATION</b>			
1. /			
2. /			
3. /			
4. /			
5.			
6. , , , * , *			
7.			
9. , , ,			
10. ( )			



	P	P N	A N
6. RESPIRATIONS . . .			
7. EMPERATURE . .			
8. ALARMS . . 0 0 . . . . . . .			
9.			
10. , ,			
11. -			
12. .			
13. . .			
14.			

	P	P N	A N
15.			
16.			
<b>C. AD ANCE F NC IONS</b>			
1. IN ASI E BLOOD PRESS RES (P1 P2)*			
2. CO2*			
3. ANES HE IC AGEN S*			
4. S *			

