

**PMV DAILY CHECKLIST**

**Patient Name:** \_\_\_\_\_ **MRN:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Date of initial trach placement:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Date of present trach placement:** \_\_\_\_\_ **Type of trach/size:** \_\_\_\_\_

**PMV wear time goal/order:** \_\_\_\_\_

<b>DATE</b>							
Start/End wear time:							
Reason for removal:							
Respiratory status: (Vent/TC/RA)							
SPO2% (baseline/during trials)							
HR (baseline/during trials)							
RR (baseline/during trials)							
Condition of stoma (normal/bleeding/edema/ Drainage)							
Increased work of breathing/Use of accessory muscle	<b>Y/N</b>						
Secretions (quality/able to clear?)							
Cough							
Back Pressure (Y/N)	<b>Y/N</b>						
Vocal quality							
Nutritional Status (NPO- tube/PO diet/other)							
Clinician Initials and Credentials							

**Secretions:** Clear (CL), Yellow (Y), White (W), Tan (T), Red (R), Copious (CO)      **Cough:** Strong (S), Weak (W), Absent (A)

**Vocal Quality:** Strong (S), Weak (W), Absent (A), Hoarse (H), Whisper (WH), Clear (C), Hoarse (H)

**Reason for Removal:** Desaturation (D), Increased Work of Breathing (WOB), Increased HR (HR), Anxiety (AX), Other (specify)