

CCSD OXYGEN IN USE DOCUMENTATION LOG

Student Name:

School:

School Year: 2020-2021

Date	Time	O ₂ Sat %	Using O ₂ <i>Check if using</i>	Liters Per Minute	Signs/Symptoms of Respiratory Distress <i>Check if noted</i>	Parent Notified <i>Check if yes</i>	Comments <i>Document signs and symptoms of respiratory distress & other details</i>	Initials

Printed Name	Signature	Initials

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