

BLOOD GAS RESULTS

Hospital No:

NHS No:

Surname:
(BLOCK CAPITALS)

First name:

Date of Birth:

Attach printout here

VBG / ABG

Taken by: Time.....

Presentation:

.....

Reviewed by: Time.....

Check ALL results

Don't forget Hb, K⁺, Glucose

Findings:

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Plan:

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