

BEDTIME ASSESSMENT STICKERS

Breath Sounds for: _____ / / _____
Camper Name Cabin Name Date Peak Flow

Clear, good air exchange Decreased breath sounds posterior Decreased sounds anterior & posterior Absent air exchange heard Silent breath sounds
 Expiratory wheeze Inspiratory and expiratory wheeze Inspiratory only to silent Poor air exchange Severe retracting

PRN medication given _____ Follow-up peak flow _____ Follow-up breath sounds _____

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