



Lung history and chest

Lung history:

Smoker: _____ Pack/Years _____ Stopped _____

Chest examination

Tracheal secretion yes no Quantity: _____ Color: _____

Suspected aspiration yes no Date: _____

Chest drains no left right left and right

Chest X-ray

Date and Time: _____

Atelectasis no left right left and right

Pneumonia no left right left and right

Pneumothorax no left right left and right

Pleura effusion no left right left and right

Contusion no left right left and right

Infiltration no left right left and right

Nodule/mass no left right left and right

Radiologist: _____

WICHTIG: Diese Angaben ersetzen keinen zeitnahen schriftlichen Befund in der Krankenakte

Bei Rückfragen gerne unter 044 255 22 22 melden