**BOOST 3 Daily Checklist—Research**

**Day Shift—Coordinator Signature/Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Daily FIO2 challenge completed: Yes—date/time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No—specify reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed process with RN for marking Tier Treatments in Moberg or checklist: Yes No

Any new Adverse Events or Serious Adverse Events? Yes No

\***SAEs require reporting within 24 hours of discovery of event\***

Any interruptions in recordings (ie pt off unit for testing, OR,etc)? Yes No

If **yes**, please document below:

**Reason for Interruption:** **Date and Time:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Night Shift—Coordinator Signature/Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reviewed process with RN for marking Tier Treatments in Moberg or checklist: Yes No

Any new Adverse Events or Serious Adverse Events? Yes No

\***SAEs require reporting within 24 hours of discovery of event\***

Any interruptions in recordings (ie pt off unit for testing, OR,etc)? Yes No

If **yes**, please document below:

**Reason for Interruption:** **Date and Time:**

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**Comments:**