



External

19. SERVICENAME: ARTERIAL BLOOD GAS ANALYSIS OUT-PATIENT

Description of the Service: This service encompasses the processing and releasing of arterial blood gas analysis on out-patient service. This test is conducted upon request of attending physician or resident on-duty only.

Office or Division:	Respiratory Therapy Unit
Classification:	Simple Transaction
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Government issued identification card	BIR, DFA, SSS, GSIS, PAG-IBIG, SENIOR CITIZEN ID, LTO, COMELEC, POST OFFICE, PHILHEALTH, UMID
2. Arterial Blood Gas Request Form	Out-Patient department issued by the resident on duty or by an attending physician.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure ABG request form at OPD	Issuance of the request form from the ROD/AP.	None	5 minutes	Resident on duty/attending physician
2. NOD will instruct the patient to proceed at the Respiratory Therapy Unit on the 2 nd floor inside the	Receive and confirm the authenticity of the request form and the signature of the ROD/AP	None	5 minutes	Nurse on duty at Out- patient department



Intensive Care Unit.				
3. Pay at the cashier. Give the receipt to the RT for checking of receipt.	Confirm authenticity of the receipt. Write patient details on the OPD logbook	1,600.00	5 minutes	Cashier Respiratory Therapist on duty
4. Extraction and collection of blood.	Respiratory Therapist on duty will carry out procedure as ordered	None	5 minutes	Respiratory Therapist on duty
5. Wait for the abg result.	RTOD will process and release the result to be given to the patient	None	15 minutes	Respiratory Therapist on duty
TOTAL		1,600.00	35 minutes	