<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8" />

<meta http-equiv="X-UA-Compatible" content="IE=edge" />

<meta name="viewport" content="width=device-width, initial-scale=1.0" />

<title>ABG Official Result Form</title>

<link rel="stylesheet" href="style.css" />

</head>

<body>

<div class="form-container">

<div class="header">

<div class="header-title">

<!-- eamclogo-container -->

<div class="eamcLogo-container">

<img src="../images/eamcLogo.png" alt="Logo" class="logo" />

</div>

<!-- eamclogo-container -->

<!-- text container -->

<div class="text-container">

<h5>

Republic of the Philippines<br />DEPARTMENT OF HEALTH<br />East

Avenue Medical Center

</h5>

</div>

<!-- text container -->

<!-- dohLogo-container -->

<div class="dohLogo-container">

<img src="../images/dohLogo.png" alt="dohLogo" class="logo" />

</div>

<!-- dohLogo-container -->

</div>

<!-- header-title -->

<!-- header-right -->

<div class="header-right">

<table>

<tr>

<td>Reference Code:</td>

</tr>

<tr>

<td>FM-MED-PUL-001</td>

</tr>

<tr>

<td>Rev. No:</td>

</tr>

<tr>

<td>0</td>

</tr>

<tr>

<td>Date Effective:</td>

</tr>

<tr>

<td>October 1, 2013</td>

</tr>

</table>

</div>

<!-- header-right -->

</div>

<!-- header -->

<h4>ARTERIAL BLOOD GASES OFFICIAL RESULT</h4>

<form>

<div class="form-row">

<label for="name">Name:</label>

<input type="text" id="abgFormName" class="input-long name-longer" />

<label for="age-gender">Age/Gender:</label>

<input type="text" id="age-gender" class="input-short" />

<label for="ward">Ward:</label>

<input type="text" id="abgFormRoom" class="input-short" />

<label for="date">Date:</label>

<input type="text" id="abgFormDate" class="input-short" />

</div>

<div class="form-row">

<label for="diagnosis">Diagnosis:</label>

<input type="text" id="abgFormDiagnosis" class="input-long" />

<label for="physician">Physician:</label>

<input

type="text"

id="abgFormPhysician"

class="input-long physician-longer"

/>

<label for="time">Time:</label>

<input type="text" id="abgFormTime" class="input-short" />

</div>

<div class="form-row-temp">

<label for="temp">Temp:</label>

<input type="text" id="temp" class="input-short" />

<label for="hgb">HGB:</label>

<input type="text" id="hgb" class="input-short" />

<label for="fio2">FIO2:</label>

<input type="text" id="abgFormFio2" class="input-short" />

</div>

<!-- values -->

<div class="values">

<label for="ph">pH</label><input type="text" id="abgFormPh" />

<label for="pco2">pCO2</label><input type="text" id="abgFormPco2" />

<label for="po2">pO2</label><input type="text" id="abgFormPo2" />

<label for="hco3">HCO3</label><input type="text" id="abgFormHco3" />

</div>

<div class="values">

<label for="be">ABE</label><input type="text" id="abgFormBe" />

<label for="sao2">SaO2</label><input type="text" id="abgFormSao2" />

<label for="ctco2">ctCO2</label><input type="text" id="abgFormTco2" />

</div>

<!-- values -->

<!-- checkbox-section -->

<div class="checkbox-containter">

<div class="checkbox-section row1">

<label><input type="checkbox" /> Adequate Oxygenation</label>

<label><input type="checkbox" /> Hypoxemia</label>

</div>

<div class="checkbox-section row2">

<label><input type="checkbox" /> Mild</label>

<label><input type="checkbox" /> Moderate</label>

<label><input type="checkbox" /> Severe</label>

</div>

<div class="checkbox-section row3">

<label><input type="checkbox" /> Respiratory</label>

<label><input type="checkbox" /> Acidosis</label>

<label><input type="checkbox" /> Uncompensated</label>

<label><input type="checkbox" /> Mild</label>

</div>

<div class="checkbox-section row4">

<label><input type="checkbox" /> Metabolic</label>

<div class="checkbox-section row4of2">

<label><input type="checkbox" /> Alkalosis</label>

<label><input type="checkbox" /> Partially Compensated</label>

</div>

<div class="checkbox-section row4of3">

<label><input type="checkbox" /> Moderate</label>

</div>

</div>

<div class="checkbox-section row5">

<label><input type="checkbox" /> Fully Compensated</label>

<label><input type="checkbox" /> Severe</label>

</div>

</div>

<!-- checkbox-section -->

<!-- rtod/fellow -->

<div class="signature">

<div class="prepared-by">

<p>Prepared by:</p>

<label for="rtod"></label>

<input type="text" id="abgFormTco2" class="input-long" />

<p>RESPIRATORY THERAPIST ON DUTY</p>

</div>

<div class="interpreted-by">

<p>Interpreted by:</p>

<label for="fellow"></label>

<input type="text" id="fellow" class="input-long" />

<p>PULMO CONSULTANT/PULMO RESIDENT</p>

</div>

<!-- rtod/fellow -->

</div>

</form>

</div>

<!-- SCRIPT -->

<script>

const urlParams = new URLSearchParams(window.location.search);

const nameEdan = urlParams.get("edanPatientName");

const ageEdan = urlParams.get("edanAge");

const genderEdan = urlParams.get("edanGender");

const roomEdan = urlParams.get("edanRoom");

const fio2Edan = urlParams.get("edanFio2");

const phEdan = urlParams.get("edanPh");

const pco2Edan = urlParams.get("edanPco2");

const po2Edan = urlParams.get("edanPo2");

const hco3Edan = urlParams.get("edanHco3");

const beEdan = urlParams.get("edanBe");

const tco2Edan = urlParams.get("edanTco2");

const sao2Edan = urlParams.get("edanSao2");

const rtodEdan = urlParams.get("edanRtod");

document.getElementById("abgFormName").value = nameEdan;

document.getElementById("age-gender").value = `${ageEdan}/${genderEdan}`;

document.getElementById("abgFormRoom").value = roomEdan;

document.getElementById("abgFormFio2").value = fio2Edan;

document.getElementById("abgFormPh").value = phEdan;

document.getElementById("abgFormPco2").value = pco2Edan;

document.getElementById("abgFormPo2").value = po2Edan;

document.getElementById("abgFormHco3").value = hco3Edan;

document.getElementById("abgFormBe").value = beEdan;

document.getElementById("abgFormTco2").value = tco2Edan;

document.getElementById("abgFormSao2").value = sao2Edan;

document.getElementById("abgFormRtod").value = rtodEdan;

</script>

</body>

</html>

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8" />

<meta name="viewport" content="width=device-width, initial-scale=1.0" />

<title>ABG System</title>

<link

rel="stylesheet"

href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-awesome.min.css"

/>

<link

rel="stylesheet"

href="//cdn.datatables.net/1.10.20/css/jquery.dataTables.min.css"

/>

<link rel="stylesheet" href="css/bootstrap.min.css" />

<link rel="stylesheet" href="style.css" />

</head>

<body>

<div class="wrapper">

<header>

<h1>Arterial Blood Gas</h1>

</header>

</div>

<section class="container">

<div class="column">

<h2>EDAN</h2>

<form

action="../abgForm/abgForm.html"

method="GET"

onsubmit="storeData()"

>

<!-- Input fields for EDAN -->

<input

type="text"

class="edan"

name="edanMachineNum"

placeholder="Machine No."

required

/>

<input

type="time"

class="edan"

name="edanTimeReceived"

placeholder="Time Received"

required

/>

<input

type="text"

class="edan"

name="edanPatientName"

placeholder="Patient Name"

required

/>

<input

type="text"

class="edan"

name="edanAge"

placeholder="Age"

required

/>

<input

type="text"

class="edan"

name="edanGender"

placeholder="Gender"

required

/>

<input

type="text"

class="edan"

name="edanRoom"

placeholder="Room"

required

/>

<input

type="text"

class="edan"

name="edanFio2"

placeholder="Fio2"

required

/>

<input

type="text"

class="edan"

name="edanPh"

placeholder="pH"

required

/>

<input

type="text"

class="edan"

name="edanPco2"

placeholder="pCo2"

required

/>

<input

type="text"

class="edan"

name="edanPo2"

placeholder="pO2"

required

/>

<input

type="text"

class="edan"

name="edanHco3"

placeholder="hCo3"

required

/>

<input

type="text"

class="edan"

name="edanBe"

placeholder="be"

required

/>

<input

type="text"

class="edan"

name="edanTco2"

placeholder="tco2"

required

/>

<input

type="text"

class="edan"

name="edanSao2"

placeholder="sao2"

required

/>

<input

type="text"

class="edan"

name="edanRtod"

placeholder="rtod"

required

/>

<button class="btn btn-primary" type="submit">

<i class="fa fa-plus"></i> Submit

</button>

<a href="#" class="btn btn-primary">

<i class="fa fa-arrow-circle-left"></i> Back

</a>

<a href="#" class="btn btn-success pull-right">

<span class="glyphicon glyphicon-print"></span> Print Result

</a>

</form>

</div>

</section>

<script>

function storeData() {

// Get current time

const currentTime = new Date().toLocaleTimeString([], { hour: '2-digit', minute: '2-digit' });

// Create a date object

const date = new Date();

// Format the date to 'Oct-09-2024'

const options = { month: 'short', day: '2-digit', year: 'numeric' };

const currentDate = date.toLocaleDateString('en-US', options).replace(',', ''); // Remove comma

const form = document.querySelector('form');

// Create hidden input for time

const timeInput = document.createElement('input');

timeInput.setAttribute('type', 'hidden');

timeInput.setAttribute('name', 'edanTimeSubmitted');

timeInput.setAttribute('value', currentTime);

form.appendChild(timeInput);

// Create hidden input for formatted date

const dateInput = document.createElement('input');

dateInput.setAttribute('type', 'hidden');

dateInput.setAttribute('name', 'edanDateSubmitted');

dateInput.setAttribute('value', currentDate);

form.appendChild(dateInput);

}

</script>

</body>

</html>