Resident label

GRAPHIC VITAL SIGNS RECORD

Month-Day-Year																																					
Hours of Day																																				
Temp °F 102																																				
• Oral + Tympanic A Axillary ⊙ Rectal 101																																				
100																																				
99																																				
98																																				
97																																				
96																																				
95																																				
Pulse																																				
Respirations																																				
Pain Intensity 10																																				
5																																				
0																																				
Relief Acceptable (Y/N)																																				
Pulse Oximetry																																				
Weight																																				
	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E												
Blood Pressure																																				
INTAKE Oral																																				
Tube Feeding																																				
Supplements																																				
Intravenous																																				
Blood Products																																				
TPN/PPN/																																				
8-Hour Total																																				
24-Hour Total																																				
OUTPUT Urine																																				
Emesis/NG																																				
Stool																																				
8-Hour Total																																				
24-Hour Total																																				

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