



## VITAL SIGNS RECORD

Name of Patient: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Hospital Record Number: \_\_\_\_\_  
Station: \_\_\_\_\_ Room: \_\_\_\_\_

| Date              |            | Hospital Day |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|-------------------|------------|--------------|------|------|------|----|------|-----|------|------|------|-----|------|----|------|------|------|-----|------|-----|------|------|------|-----|------|----|------|------|------|---|------|--|
|                   |            | AM           |      |      | PM   |    |      | AM  |      |      | PM   |     |      | AM |      |      | PM   |     |      | AM  |      |      | PM   |     |      | AM |      |      | PM   |   |      |  |
|                   |            | 4            | 8    | 12NN | 4    | 8  | 12MN | 4   | 8    | 12NN | 4    | 8   | 12MN | 4  | 8    | 12NN | 4    | 8   | 12MN | 4   | 8    | 12NN | 4    | 8   | 12MN | 4  | 8    | 12NN | 4    | 8 | 12MN |  |
| TEMPERATURE       | Celsius    | 41           |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            | 40           |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            | 39           |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            | 38           |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            | 37           |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            | 36           |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            | 35           |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
| PULSE             | 150        |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 140        |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 130        |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 120        |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 110        |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 100        |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 90         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 80         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 70         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 60         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
| RESPIRATION       | 50         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 40         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 30         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 20         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | 10         |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
| Blood Pressure    |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
| Oxygen Saturation |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   |            | 6-2          | 2-10 | 10-  | Tota | 6- | 2-10 | 10- | Tota | 6-   | 2-10 | 10- | Tota | 6- | 2-10 | 10-  | Tota | 6-2 | 2-10 | 10- | Tota | 6-   | 2-10 | 10- | Tota | 6- | 2-10 | 10-  | Tota |   |      |  |
| Intake            | Oral       |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | Parenteral |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | Total      |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
| Output            | Urine      |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | Drainage   |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | Emesis     |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
|                   | Total      |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |
| Stool             |            |              |      |      |      |    |      |     |      |      |      |     |      |    |      |      |      |     |      |     |      |      |      |     |      |    |      |      |      |   |      |  |

