Room # (last 2 digits)	Blood pressure	MAP	Heart rate	Resp rate	Oxygen sat	Temp	Pain scale

Complete this page in the hospital clinical setting. **Due: Thursday, Week 7**

Complete this page as individual practice **PRIOR** to the first day of hospital clinical. **DUE: 1st day of Hospital Clinical**

Initials	Blood pressure	Heart rate	Resp rate	Pain scale