

Vital Signs

Vital Signs

Temperature	
Temperature	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (98 - 100 degrees F)</div>
Temperature (Celsius)	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (36 - 38 degrees C)</div>
Temperature Source	<input type="radio"/> Axillary <input type="radio"/> Core - Pulm Artery <input type="radio"/> Skin <input type="radio"/> Core - Bladder <input type="radio"/> Esophageal <input type="radio"/> Temporal <input type="radio"/> Core - Rectal <input type="radio"/> Oral <input type="radio"/> Tympanic
Pulse	
Pulse Rate (Adult)	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (60 - 100 bpm)</div>
Method	<input type="radio"/> Auscultation <input type="radio"/> Cardiac Monitor <input type="radio"/> Palpation <input type="radio"/> Automatic Cuff <input type="radio"/> Doppler <input type="radio"/> Pulse Oximetry
Respirations	
Respiratory Rate	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (12 - 20 breaths per min)</div>
O2 Sat By Pulse Oximetry	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (92 - 100 %)</div>
Oxygen Delivery Method	<input type="radio"/> Room Air <input type="radio"/> High Flow Nasal Cannula <input type="radio"/> Oscillator <input type="radio"/> BiPap <input type="radio"/> Mask, Aerosol <input type="radio"/> Oxymizer <input type="radio"/> Blow-By <input type="radio"/> Mask, Oxy <input type="radio"/> Positive Pressure BVM <input type="radio"/> CPAP <input type="radio"/> Mask, Simple <input type="radio"/> T-Piece <input type="radio"/> CPAP, Bubble <input type="radio"/> Mask, Venturi <input type="radio"/> Trach Collar <input type="radio"/> CPAP, W/Vent <input type="radio"/> Nasal Cannula <input type="radio"/> Ventilator <input type="radio"/> Face Tent <input type="radio"/> Non-Rebreather <input type="radio"/> Other <input style="width: 100px;" type="text"/>
Oxygen Flow Rate	<input style="width: 100px;" type="text"/> (L/min)
FiO2	<input style="width: 100px;" type="text"/> (%)
End Tidal CO2	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (35 - 45 mm Hg)</div>
Blood Pressure - Occurrence #1	
Systolic	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (90 - 120 mm Hg)</div>
Diastolic	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (60 - 90 mmHg)</div>
Mean	<div style="display: flex; align-items: center;"><div style="width: 100px; height: 15px; background: linear-gradient(to right, red 33%, green 33% 66%, red 66% 100%);"></div> (60 - 110 mm Hg)</div>
Location	<input type="radio"/> Left Upper Extremity <input type="radio"/> Right Upper Extremity <input type="radio"/> Left Lower Extremity <input type="radio"/> Right Lower Extremity
Source	<input type="radio"/> Automatic Cuff <input type="radio"/> Manual Cuff/Palpation <input type="radio"/> Manual Cuff/Doppler <input type="radio"/> Manual Cuff/Auscultation
Position	<input type="radio"/> Left Lateral <input type="radio"/> Semi-Fowlers <input type="radio"/> Standing <input type="radio"/> Right Lateral <input type="radio"/> Sitting <input type="radio"/> Supine <input type="radio"/> Other <input style="width: 100px;" type="text"/>

RN Print Name: _____

RN Signature: _____

Date/Time: _____

Page 1 of 2

Patient Label

DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY

Updated 07/2015

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Pain	
Reported Pain	<input type="radio"/> Denies Pain <input type="radio"/> Pain Present <input type="radio"/> Unable To Self Report <hr style="border: 0.5px solid blue;"/> -Notify RN of reported pain -If the patient reports they have pain, document on the pain assessment
Pain Comments	
Vital Signs Comment	
Vital Signs Comment	

RN Print Name: _____
 RN Signature: _____
 Date/Time: _____
 Page 2 of 2

Patient Label

DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY