



NU2101



**VITAL SIGN FLOWSHEET**

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

Date																				
Time																				
Initials																				
<b>MEASUREMENTS</b>																				
Height / Length																				
Weight																				
Head Circumference																				
Abdominal Girth																				
<b>VITAL SIGNS</b>																				
Temperature																				
Temp Source																				
Heart Rate																				
Respiratory Rate																				
Blood Pressure																				
BP Location																				
Patient Position																				
Pain Score--Scale_____																				
Sedation Score--Scale_____																				
<b>OXYGEN THERAPY</b>																				
SpO2																				
O2 Flow Rate																				
FiO2																				
O2 Delivery Device																				
<b>HEMODYNAMICS</b>																				
Arterial BP																				
Arterial Mean																				
CVP Mean																				
PAP																				
PAP Mean																				
UAP																				
UAP Mean																				
CI																				
CO																				
SV																				
PAWP																				
SVR																				
SVRI																				
PVR																				
PVRI																				
<b>OTHER CARE</b>																				
Activity																				
Tolerance																				
#/Type of Assist																				
HOB																				
Isolation																				
Precautions																				
Safety Check																				



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