VITAL SIGNS RECORD

VITAL SIGNS RECORD

DATE: _____ dd / mm / yyyy

TIME: _____

WEIGHT: _____

TEMP: _____

PULSE: _____

BLOOD PRESSURE: _____

RESPIRATIONS: _____

PAIN 0-10 SCALE

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

0 1 2 3 4 5 6 7 8 9 10