Montana Mental Health Nursing Care Center

VITAL STATISTICS

(cross out unnecessary items)

Vital signs q̄ _____ hours											
Date											
Time											
Blood Pressure											
Pulse											
Respiration											
Temperature											
SaO_2											
Initials											

Neuros	(2mm) (4mm) (6mm) (8mm) 2mm 4mm 6mm 8mm	N - Normal S - Sluggish F - Fixed	***Motor Power Key*** Hand Grip S – Strong Leg Movement M – Moderate W – Weak								
	Fall	1º	1º	2º	2º	4º	4º	8º	8º	8º	8º
Date											
Time											
Pupils OS/OD size - reaction											
Hand Grip L/R											
Leg Grip L/R											
Orientation ***(check one)***											
Per usual											
Confused											
Drowsy											
No response											
Initials											

I/O (cc's) q̄ _____ hours											
Date											
Time											
Input po											
I.V.											
Total											
Output void											
Cath											
Total											
Initials											

Resident Name: _____ **Res. Number:** _____