**VITAL SIGNS LOG**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Blood Pressure**(Call if <100/60) | **HR** | **RR** | **O2 Sat** **%** | **Temp**(F) | **Pain****Y/N** | **Blood Sugar**(Call if<70) | **On** **1st & 15th**  | **CG INITIALS** |
| **Wt**(lbs) |
| **1** |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |
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| **30** |  |  |  |  |  |  |  |  |  |  |
| **31** |  |  |  |  |  |  |  |  |  |  |

**\* IF Blood Pressure is <100/60 or HR <50 – RECHECK, then CALL Provider.**

(If resident is taking BP meds, check parameters to hold med! ALSO Document on BACK of the MAR!)

**\* IF Blood Sugar is <70 – RECHECK, FOLLOW Delegated Instructions, then CALL Provider.**