

SURGICAL VITAL SIGNS TRACKING

Form ID: SURG-V-002

Patient Name: _____
DOB: _____
MRN: _____

Procedure: _____
Date: _____
Surgeon: _____

Time	BP (mmHg)	HR (bpm)	RR (breaths)	SpO2 (%)	Temp (C/F)	Pain (0-10)	Notes / Observations
-------------	----------------------	---------------------	-------------------------	---------------------	-----------------------	------------------------	---------------------------------

Time	BP (mmHg)	HR (bpm)	RR (breaths)	SpO2 (%)	Temp (C/F)	Pain (0-10)	Notes / Observations
-------------	----------------------	---------------------	-------------------------	---------------------	-----------------------	------------------------	---------------------------------

Monitoring Nurse Signature

Reviewing Clinician Signature