POST-OPERATIVE VITAL SIGNS

Form Ref: PO-VS-001

PATIENT NAME
DATE OF BIRTH / ID
PROCEDURE DATE
SURGICAL PROCEDURE
SURGEON
ROOM / WARD

TIME	TEMP (C/F)	HR (BPM)	RR (BREATHS)	BP (MMHG)	SPO2 (%)	PAIN (0-10)	OBSERVATIONS / DRAINAGE / SITE	INITIALS

Frequency Protocol: Q15m x 4, Q30m x 2, Q1h x 4, then Q4h unless otherwise ordered.