# VITAL SIGNS OBSERVATION RECORD

Month/Year: _____

**PATIENT NAME**
**DATE OF BIRTH**
**MEDICAL RECORD #**

| DATE / TIME | TEMP (C/F) | BP (MMHG) | HR (BPM) | RR (BREATHS) | SPO2 (%) | PAIN (0-10) | CLINICAL NOTES | INITIALS |
|---|---|---|---|---|---|---|---|---|

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|---|---|---|---|---|---|---|---|---|

Parameters Reference: BP: Blood Pressure | HR: Heart Rate | RR: Respiratory Rate | SpO2: Oxygen Saturation