VITAL SIGNS MONITORING LOG

Month/Year: _____

Patient Name:

Date of Birth:

ID/Room Number:

DATE	TIME	TEMP (F/C)	HEART RATE (BPM)	BLOOD PRESS. (SYS/DIA)	OXYGEN SAT. (SPO2 %)	RESP. RATE (BREATHS/MIN)	O2 FLOW (LITERS/RA)