

Vital signs checklist

Patient _____

	date				date				date			
	am 12M-8am	mid 8am-4pm	pm 4pm-12M	24-hr total	am 12M-8am	mid 8am-4pm	pm 4pm-12M	24-hr total	am 12M-8am	mid 8am-4pm	pm 4pm-12M	24-hr total
Intake												
IV												
IVPB												
PO												
NG												
Output												
Urine												
BM												
NG												
Temperature												
Respiratory Rate												
Pulse												
Blood Pressure												
Pain Intensity												
Verbal 0-10												
Nonverbal												
F Facial Expressions												
P Physical Movements												
V Vocalizations												
Ø No Apparent Pain												
Acceptable? Y/N												
Diet												
% Meal Taken												
% Snack Taken												
Daily Weight												
lbs/kg												

Notes