

VITAL SIGNS TEMPLATE

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1 Patient Information

1 PATIENT & RECORDING DETAILS

Name:	_____	Date of Measurement:	_____
DOB / Age:	_____	Time of Measurement:	_____
MRN:	_____	Recorded By:	_____

V Vital Signs

2 MEASURED VALUES (INCLUDE UNITS)

Temperature (°F/°C; route):	_____	Blood Pressure (mmHg; position):	_____
Heart Rate (bpm; rhythm):	_____	Respiratory Rate (breaths/min; effort):	_____
SpO ₂ (%; RA or supplemental O ₂):	_____	Height:	_____
Weight:	_____	BMI (if calculated):	_____

C Clinical Context

3 INTERPRETATION CONTEXT

Baseline vs. Current Values:	_____	Circumstances of Measurement:	_____
O ₂ / Assistive Device in Use:	_____		_____

T Trends & Abnormal Findings

4a TRENDS

Trend (stable / improving / worsening):	_____	Significant Deviations from Baseline:	_____
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4b CLINICALLY SIGNIFICANT ABNORMALITIES

Hypertension / hypotension / tachycardia / bradycardia / fever / hypothermia / hypoxia...

I Interventions & Response

5a INTERVENTIONS TAKEN

Medications / O₂ supplementation / fluid resuscitation / escalation of care...

5b RESPONSE TO INTERVENTIONS

Improvement / no change / deterioration. Repeat vitals if obtained...

A Assessment

6 CLINICAL INTERPRETATION

Brief clinical interpretation in context of patient condition...

P Plan

7 NEXT STEPS

Monitoring Frequency: _____ Escalation Criteria: _____

PROVIDER NAME	CREDENTIALS	DATE & TIME
_____	_____	_____