



# Vital Signs Tracking

For Month \_\_\_\_\_ Year \_\_\_\_\_

|               |               |                    |
|---------------|---------------|--------------------|
| Person's Name | Date of Birth | ProviderOne Number |
|---------------|---------------|--------------------|

Is tracking related to a health care provider order:  No  **Yes**

|                |       |       |       |       |       |       |
|----------------|-------|-------|-------|-------|-------|-------|
| Weight         | Date: | Date: | Date: | Date: | Date: | Date: |
| Blood Pressure |       |       |       |       |       |       |
| Temperature    |       |       |       |       |       |       |
| Pulse          |       |       |       |       |       |       |
| Respirations   |       |       |       |       |       |       |
| Other:         |       |       |       |       |       |       |
| Weight         | Date: | Date: | Date: | Date: | Date: | Date: |
| Blood Pressure |       |       |       |       |       |       |
| Temperature    |       |       |       |       |       |       |
| Pulse          |       |       |       |       |       |       |
| Respirations   |       |       |       |       |       |       |
| Other:         |       |       |       |       |       |       |
| Weight         | Date: | Date: | Date: | Date: | Date: | Date: |
| Blood Pressure |       |       |       |       |       |       |
| Temperature    |       |       |       |       |       |       |
| Pulse          |       |       |       |       |       |       |
| Respirations   |       |       |       |       |       |       |
| Other:         |       |       |       |       |       |       |
| Weight         | Date: | Date: | Date: | Date: | Date: | Date: |
| Blood Pressure |       |       |       |       |       |       |
| Temperature    |       |       |       |       |       |       |
| Pulse          |       |       |       |       |       |       |
| Respirations   |       |       |       |       |       |       |
| Other:         |       |       |       |       |       |       |



# Vital Signs Tracking

For Month      Year

Person's Name

Date of Birth

ProviderOne Number

| General Vital Signs (Adult) |                          | When to contact my health care provider: |  |
|-----------------------------|--------------------------|--|--|
| Blood pressure              | 90/60 to 120/80          | Blood pressure                           |  |
| Pulse                       | 60-100 beats per minute  | Pulse                                    |  |
| Temperature                 | 97.8°F to 99.1°F         | Temperature                              |  |
| Respiration                 | 12-18 breaths per minute | Respiration                              |  |
| Weight Goal                 |                          | Weight                                   |  |

Call 911 and **START FIRST AID** as trained if:

1. The person is not breathing or is blue / gray in color.
2. The person is having difficulties breathing or making abnormal noises while breathing.
3. The person appears ill; and you are concerned about their immediate health and safety.
4. The person has a temperature greater than            or less than            .
5. Other:

**After 911 has been notified, follow instructions from the dispatcher. Notify the dispatcher if there is a POLST DNR/I in place.**

After calling 911 and stabilizing the person:

- Contact your supervisor.
- Document per agency protocol in the person's chart.