|  | | **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** | | | | | | | | | | | | | | | |
|  | | | Date: | | Date: | | Date: | | Date: | | Date: | | | Date: | |
| Weight | | |  | |  | |  | |  | |  | | |  | |
| Blood Pressure | | |  | |  | |  | |  | |  | | |  | |
| Temperature | | |  | |  | |  | |  | |  | | |  | |
| Pulse | | |  | |  | |  | |  | |  | | |  | |
| Respirations | | |  | |  | |  | |  | |  | | |  | |
| Other: | | |  | |  | |  | |  | |  | | |  | |
|  | | | Date: | | Date: | | Date: | | Date: | | Date: | | | Date: | |
| Weight | | |  | |  | |  | |  | |  | | |  | |
| Blood Pressure | | |  | |  | |  | |  | |  | | |  | |
| Temperature | | |  | |  | |  | |  | |  | | |  | |
| Pulse | | |  | |  | |  | |  | |  | | |  | |
| Respirations | | |  | |  | |  | |  | |  | | |  | |
| Other: | | |  | |  | |  | |  | |  | | |  | |
|  | | | Date: | | Date: | | Date: | | Date: | | Date: | | | Date: | |
| Weight | | |  | |  | |  | |  | |  | | |  | |
| Blood Pressure | | |  | |  | |  | |  | |  | | |  | |
| Temperature | | |  | |  | |  | |  | |  | | |  | |
| Pulse | | |  | |  | |  | |  | |  | | |  | |
| Respirations | | |  | |  | |  | |  | |  | | |  | |
| Other: | | |  | |  | |  | |  | |  | | |  | |
|  | | | Date: | | Date: | | Date: | | Date: | | Date: | | | Date: | |
| Weight | | |  | |  | |  | |  | |  | | |  | |
| Blood Pressure | | |  | |  | |  | |  | |  | | |  | |
| Temperature | | |  | |  | |  | |  | |  | | |  | |
| Pulse | | |  | |  | |  | |  | |  | | |  | |
| Respirations | | |  | |  | |  | |  | |  | | |  | |
| Other: | | |  | |  | |  | |  | |  | | |  | |
| **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 | | | | **97.8oF to 99.1oF** | | | | **Temperature** | | | |  | | | |
| Respiration | | | | **12-18 breaths per minute** | | | | **Respiration** | | | |  | | | |
| Weight Goal | | | |  | | | | **Weight** | | | |  | | | |
| 1 | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |