# ONGOING RECORD OF CARE

| DATE / TIME | / | / | / | / | / | / | / | / | / | / | / | / | / |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VITAL SIGNS — BP ^ v, P ● 230 | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | |
| 210 | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | |
| 190 | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | |
| 170 | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | |
| 110 | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | |
| Temp | | | | | | | | | | | | | |
| Resp | | | | | | | | | | | | | |
| $SaO_2$ | | | | | | | | | | | | | |
| PAIN *(0-10)* | | | | | | | | | | | | | |
| ID | | | | | | | | | | | | | |

## INTAKE AND OUTPUT RECORD

| TIME | ORAL | EMESIS | URINE | DRAINAGE | ID |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

| DATE | TIME | NOTES |
|---|---|---|
| | | |
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