Ongoing Record of Care

Date

Vital Signs		Time	/	/	/	/	/	/	/	/	/	/	/	/	/
		230													
		220													
		210													
		200													
		190													
		180													
		170													
		160													
	BP	150													
	v	140													
	^	130													
	P	120													
	●	110													
		100													
		90													
		80													
		70													
		60													
		50													
		40													
		30													
		Temp													
		Resp													
		SpO_2													
		Pain *(0-10)*													
		ID													

Intake and Output Record

Time	Oral	Emesis	Urine	Drainage	Other	ID
Total						

IV Fluids

Time	IV Solution / Amount (mLs)	Rate	Additives	Needle Size / Type / Site	Amt Absorbed (mLs)	Comments	ID
				IV Total			

Medications

Time	Medication	Dose	Route	Freq	Comments	ID

Do Not Copy

DATE	TIME	NOTES

Do Not Copy