

# 72 Hour Vitals



**Vital sign to be taken each shift for 72 hours**

**Date:** \_\_\_\_\_

Day 1- **AM:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ **PM:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ **NOC:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

Day 2- **AM:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ **PM:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ **NOC:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

Day 3- **AM:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ **PM:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ **NOC:** B/P \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

**Weight** \_\_\_\_\_

**Resident** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_