

Division of Developmental Disabilities
Resource Team: Nursing Support Unit
Vital Signs Form

Name: _____ DOB: _____ Month/Year: _____

Location: _____

***Please document any significant changes in the note section and contact the Primary Care Physician as needed.**

<i>Levels of Hypertension</i>	Systolic (Top number)	Diastolic (Bottom number)
Normal	120 & below	80
Mild Hypertension	140-160	90-100
Moderate Hypertension	160-200	100-120
Severe Hypertension	Above 200	Above 120

Blood Pressure Parameters: _____

Normal Range for Pulse Oxygen Level:
94%- 100% Room Air

Notify PCP if 93% & below

Date	Time	Blood Pressure	Heart Rate	Respirations	Temp.	Pulse Oxygen Saturation Level	Staff Signature
Ex:	8:45 AM	125/81	74	-	-	96%	J. Doe

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Note Section:
