

Vital Sign Alert Report

01/05/2026 12:57:04 PM

ANGELS CARE HOME HEALTH - OK #10

| | | | |
|-----------------|--------------|-------------|------------------------|
| CLIENT NAME: | BLACK, SUSIE | AGENT NAME: | MORRISON, KIMBERLY RN |
| BRANCH: | 480 | VISIT TYPE: | SUBSEQUENT |
| SERVICE CODE: | RN11 | MR NUMBER: | 48000028429101 |
| PHYSICIAN NAME: | REEL, PAUL | PHONE: | (580)371-2343 |
| | | | VISIT DATE: 12/30/2025 |
| | | | CLIENT DOB: 07/04/1957 |
| | | | FAX: (580)371-2451 |

| Vital Sign | Time Recorded | Reading | Instr Prob? | Details | | | | | | | | | | | | |
|-----------------------------|-----------------------|-------------|-------------|---|---|---------|-------------|-------------|---------------------|----------|--|-------|-----|-----|---|---|
| Temperature | 12/30/2025 3:44:00 PM | 100.5 | N | TEMPORAL | | | | | | | | | | | | |
| | | | | <table><tr><td>Vital Sign Alert:</td><td>Reading</td><td>Lower Limit</td><td>Upper Limit</td><td>Physician Contacted</td><td>Comments</td></tr><tr><td></td><td>100.5</td><td>95</td><td>100</td><td>N</td><td>COUGH, CONGESTION, FEVER SINCE YESTERDAY FOLLOW-UP COMMENT ENTERED BY ADRIA KIRKLEY, RN ON 1/5/2026 FAX VIA MRS</td></tr></table> | Vital Sign Alert: | Reading | Lower Limit | Upper Limit | Physician Contacted | Comments | | 100.5 | 95 | 100 | N | COUGH, CONGESTION, FEVER SINCE YESTERDAY FOLLOW-UP COMMENT ENTERED BY ADRIA KIRKLEY, RN ON 1/5/2026 FAX VIA MRS |
| Vital Sign Alert: | Reading | Lower Limit | Upper Limit | Physician Contacted | Comments | | | | | | | | | | | |
| | 100.5 | 95 | 100 | N | COUGH, CONGESTION, FEVER SINCE YESTERDAY FOLLOW-UP COMMENT ENTERED BY ADRIA KIRKLEY, RN ON 1/5/2026 FAX VIA MRS | | | | | | | | | | | |
| Pulse | 12/30/2025 3:44:00 PM | 86 | N | RADIAL Char: NO PROBLEMS NOTED | | | | | | | | | | | | |
| Respirations | 12/30/2025 3:44:00 PM | 20 | N | Char: NO PROBLEMS NOTED | | | | | | | | | | | | |
| Blood Pressure | 12/30/2025 3:44:00 PM | 130 / 65 | N | SITTING ARM - RT | | | | | | | | | | | | |
| Oxygen Saturation Level (%) | 12/30/2025 3:44:00 PM | 96 | N | ON ROOM AIR | | | | | | | | | | | | |
| Pain | 12/30/2025 3:44:00 PM | 6 | N | | | | | | | | | | | | | |
| Weight (lbs) | 12/30/2025 3:44:00 PM | 135.8 | N | SCALES | | | | | | | | | | | | |
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| Vital Sign Alert: | Reading | Lower Limit | Upper Limit | Physician Contacted | Comments | | | | | | | | | | | |
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* denotes Encounter QI Reporting Collection

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Clinician: Agency, Clinician

Signature:

Date: 1/6/2026

Electronically Signed by Dr. John Smith on 01-07-2026