

Patient Details

Patient Name: _____

D.O.B: _____

Care Provider: _____

Monitored: Type: Hypertension, COPD

Monitored Devices: _____

Care Coordinator: _____

RPM Live Since: _____

Monitoring Period: _____

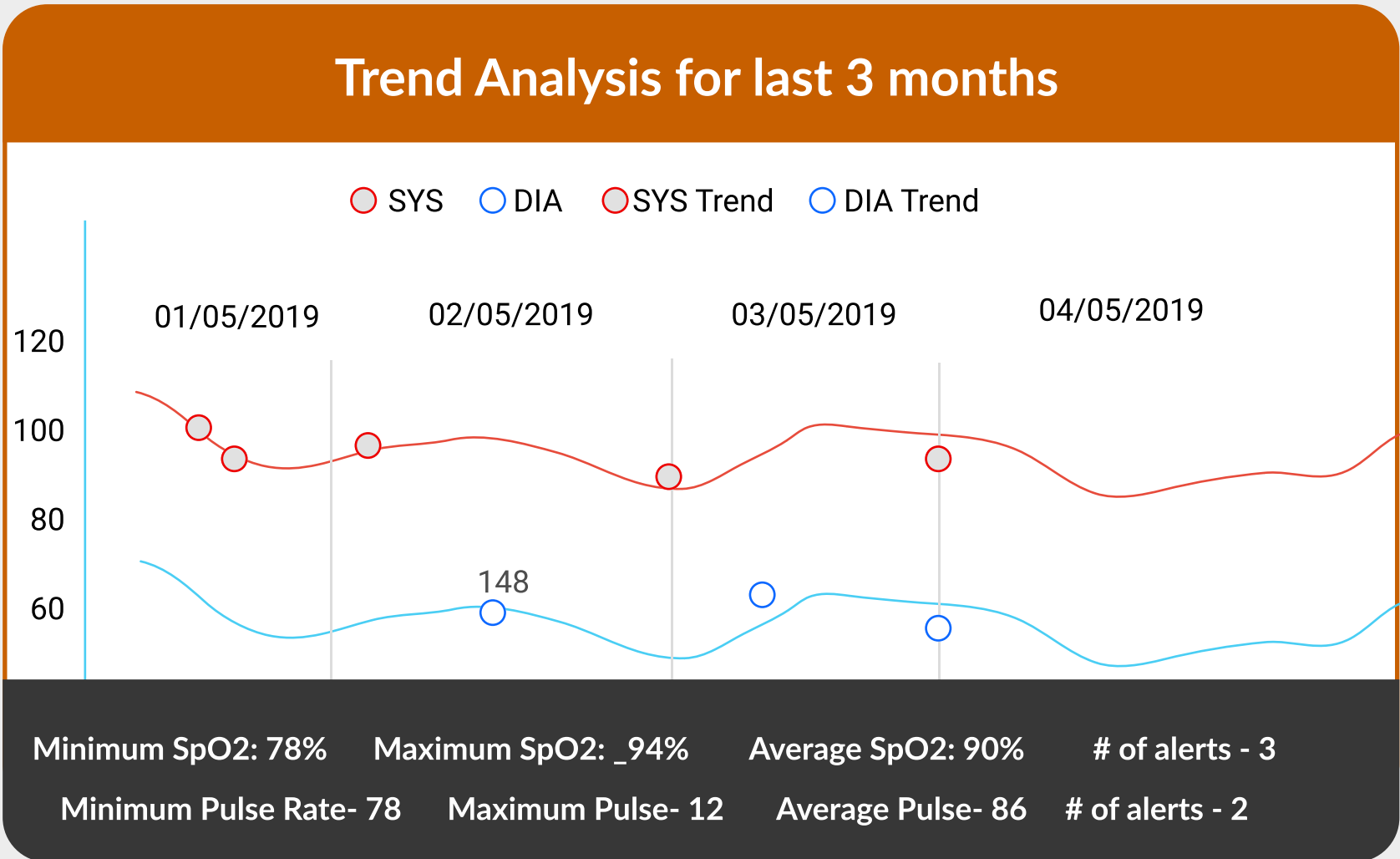
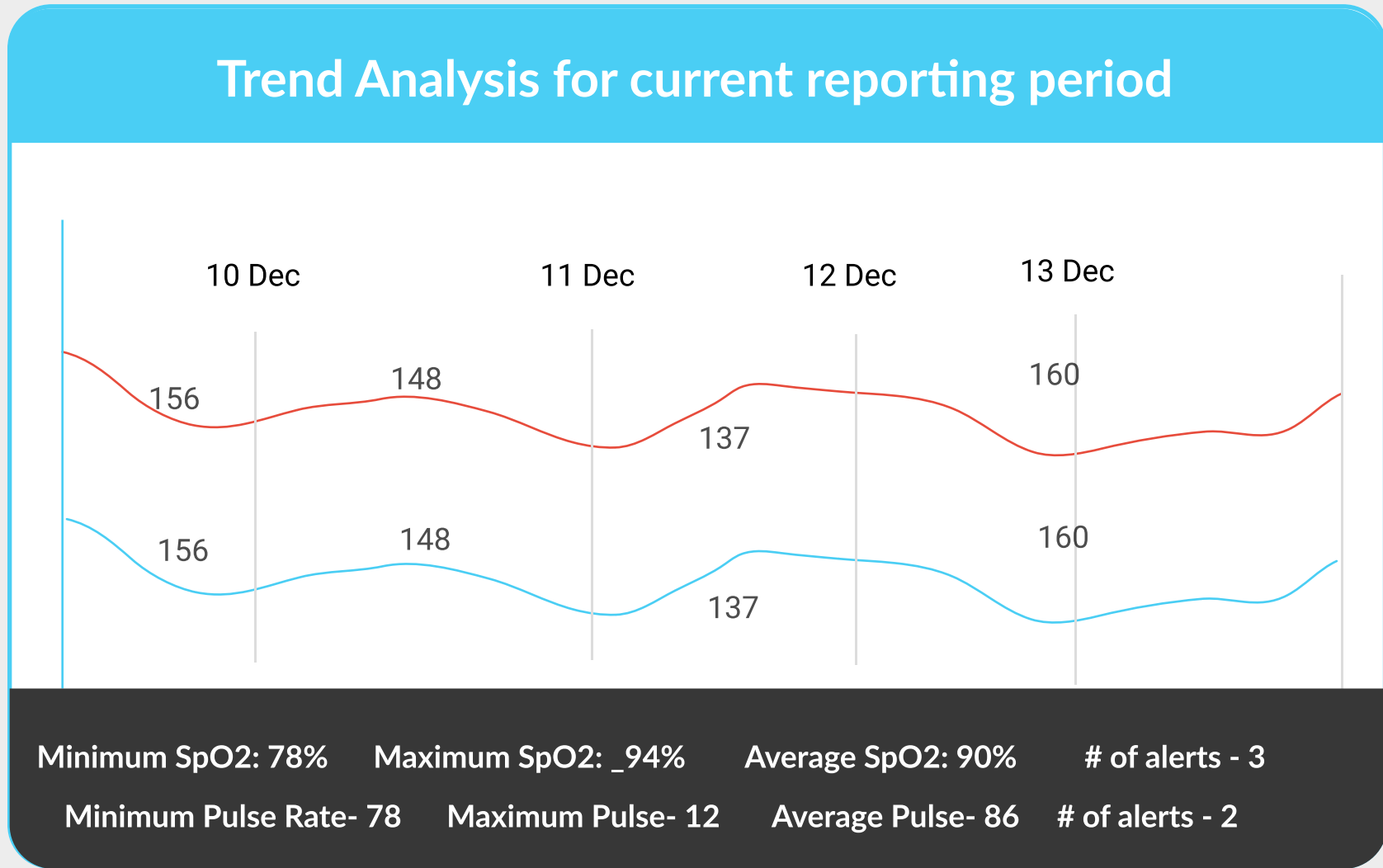
of Readings this month = 18

Total Time Spent = 27 mins

Blood Pressure – 19 Readings

Compliance %: _____ 70 _____

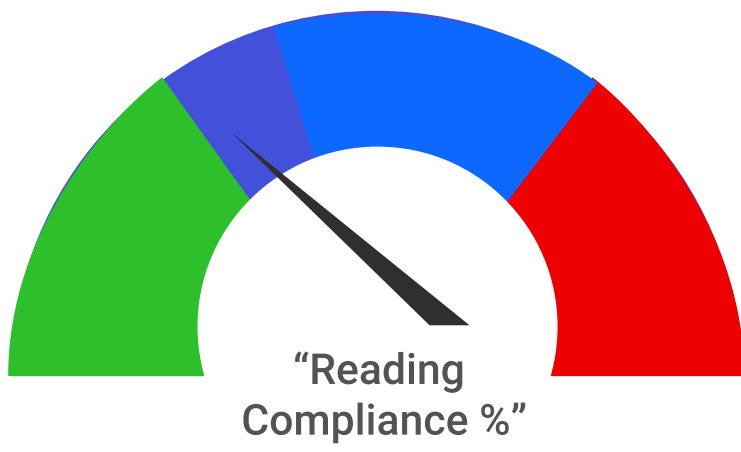
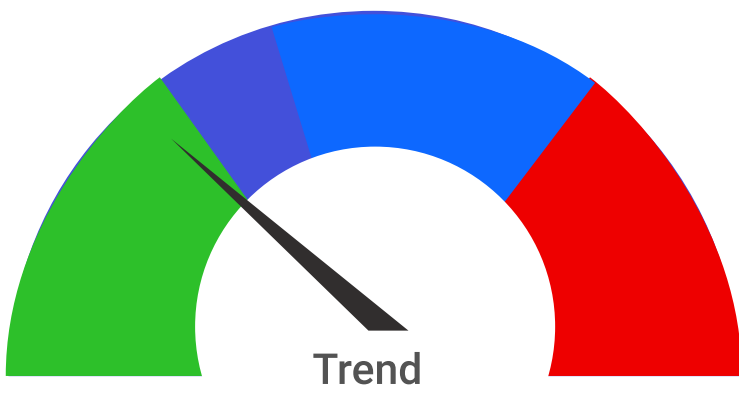
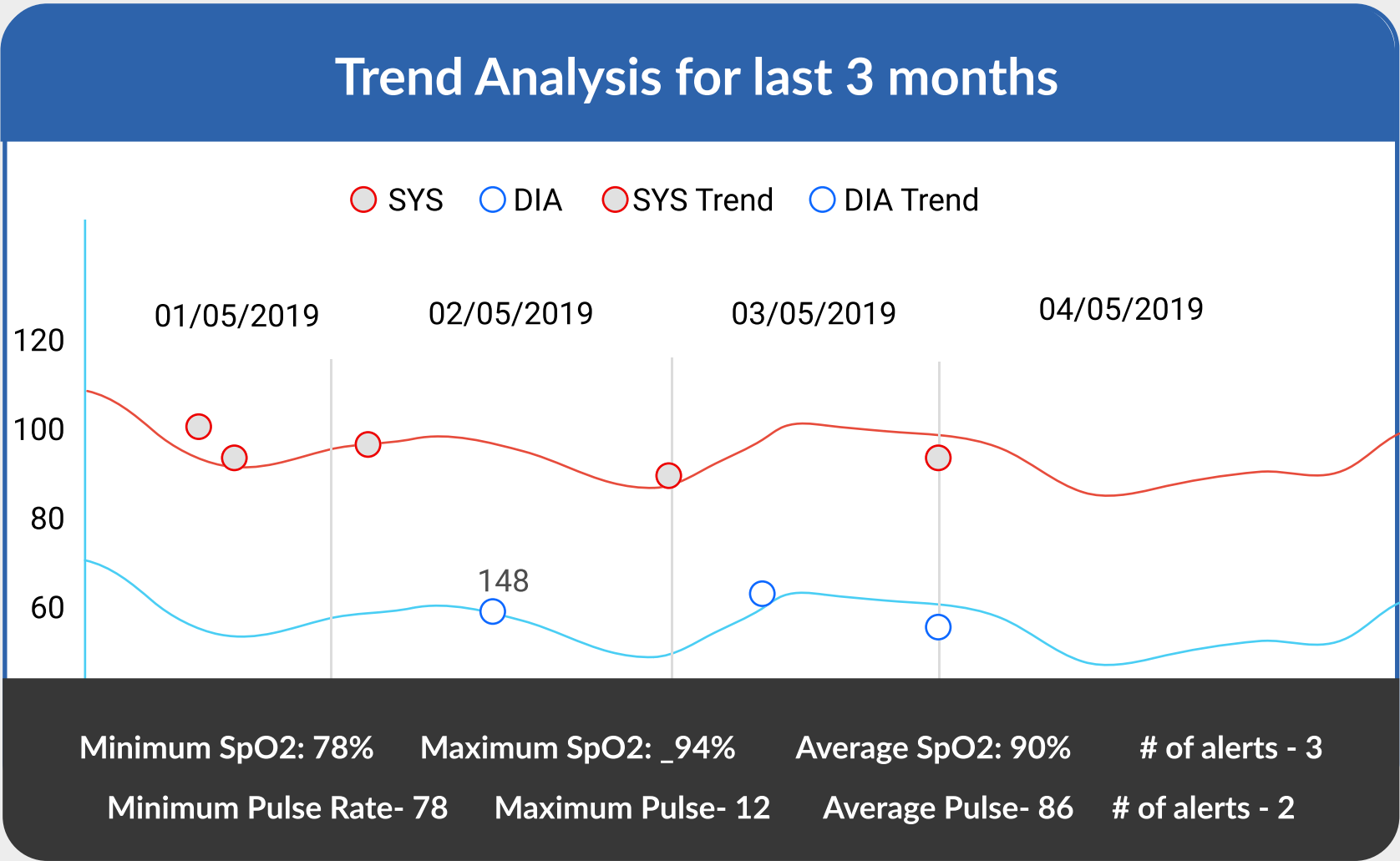
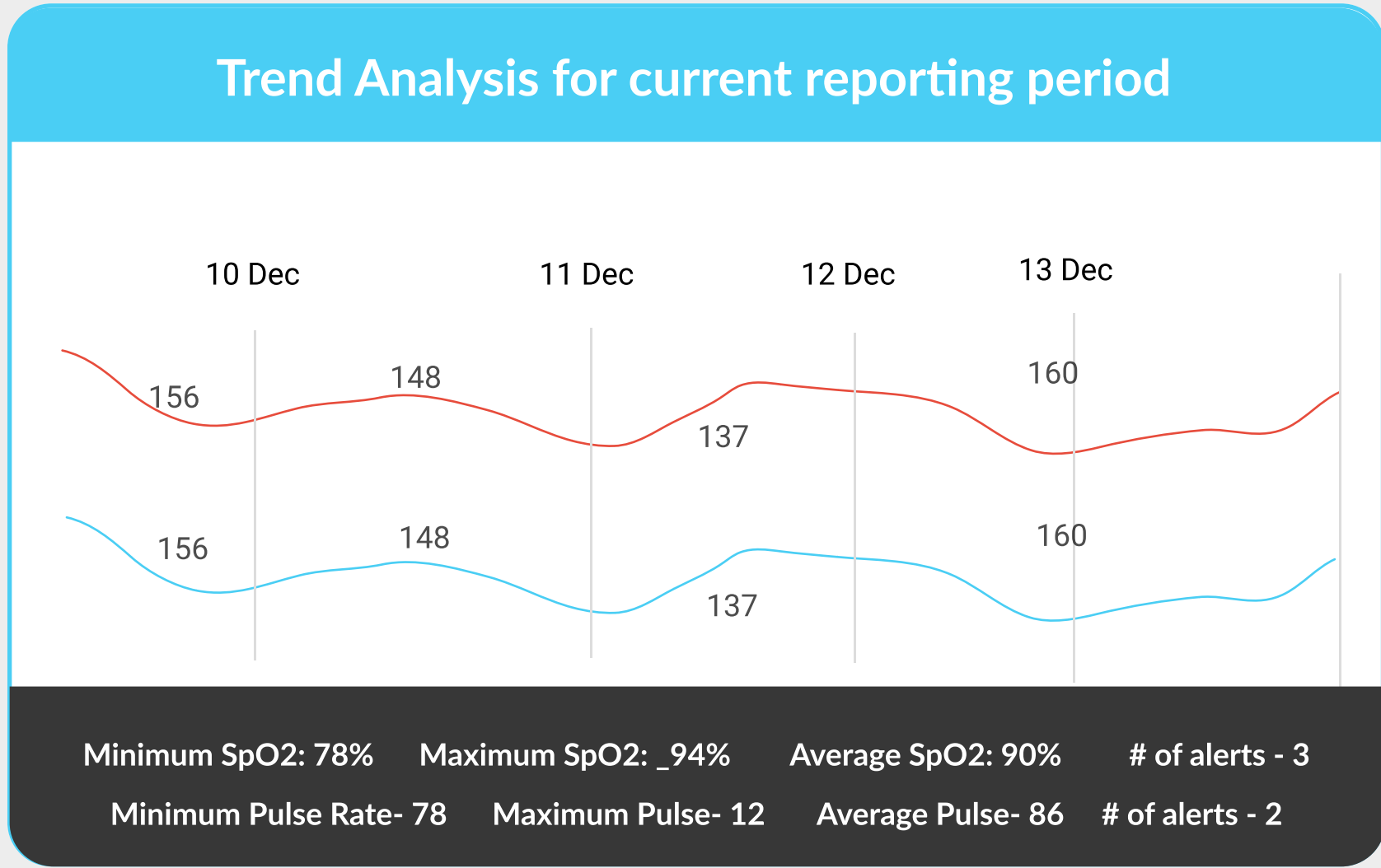
01	02	03	04	05	06	07	08	09	10
120/80	120/80	156/95		140/85	156/95		140/85	156/95	
11	12	13	14	15	16	17	18	19	20
						140/85	156/95		
21	22	23	24	25	26	27	28	29	30
						140/85	166/95		140/85



Pulse Oximeter – Daily SpO2 & Pulse Rate

Compliance %: _____ 85 _____

01	02	03	04	05	06	07	08	09	10
95% - 76	85% - 96	85% - 96		85% - 96	85% - 96		85% - 96	85% - 96	
11	12	13	14	15	16	17	18	19	20
						85% - 96	156/95		
21	22	23	24	25	26	27	28	29	30
						85% - 96	85% - 96		85% - 96



Date and notes entered by the nurse along with time spent.

Date	Nurse Notes
12/4/19	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Curabitur mollis auctor elit, pharetra vestibulum neque rutrum eget. Etiam condimentum eleifend risus ut vestibulum. Lorem ipsum dolor sit amet, consectetur adipiscing elit.
11/4/19	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Curabitur mollis auctor elit, pharetra vestibulum neque rutrum eget. Etiam condimentum eleifend risus ut vestibulum. Lorem ipsum dolor sit amet, consectetur adipiscing elit.