Property of Faith Mediplex

FAITH MEDIPIEX faithmediplexfmc@yahoo.com SURNAME **FIRST NAME** HOSP. NO. BED NO. DATE HOSPITABLE DAY A.M. P.M. P.M. P.M. A.M. A.M. P.M. A.M. P.M. A.M. A.M. Pulse Temp 8 12 4 8 12 4 8 12 4 8 12 4 12 4 8 12 4 8 12 4 8 12 4 8 12 4 8 12 4 8 12 4 8 12 4 8 12 4 8 12 4 8 C 150 40.5 140 40.0 BLACK PULSE RED-TEMPERATURE 130 39.5 120 39.0 110 38.5 100 38.0 90 37.5 80 37.0 70 36.5 60 36.0 RESPIRATION **BLOOD PRESSURE** WEIGHT SHIFT 3rd 1st 2nd **MEDICATIONS Wound Care** Vomit Stool Urine **Nurse's Initials**