

- DAILY VITALS & MEDICATION LOG -

NAME:

GENDER:

DATE:

CONTACT:

AGE:

WEIGHT:

ALLERGIES:

PAIN SCALE	0	1	2	3	4	5	6	7	8	9	10
	NO PAIN	VERY MILD	DISCOMFORTING	TOLERABLE	DISTRESSING	VERY DISTRESSING	INTENSE	VERY INTENSE	UTTERLY HORRIBLE	EXCRUCIATING UNBEARABLE	UNIMAGINABLE UNSPEAKABLE

	MORNING	MID-DAY	NIGHT	COMMENTS
BLOOD PRESSURE				
TEMPERATURE				
PULSE RATE				
RESPIRATION RATE				
OXYGEN SATURATION				
BLOOD SUGAR				
OTHERS				

MEDICATION	DOSE	TIME	TIME	TIME	TIME	TIME	REASON

NOTES: