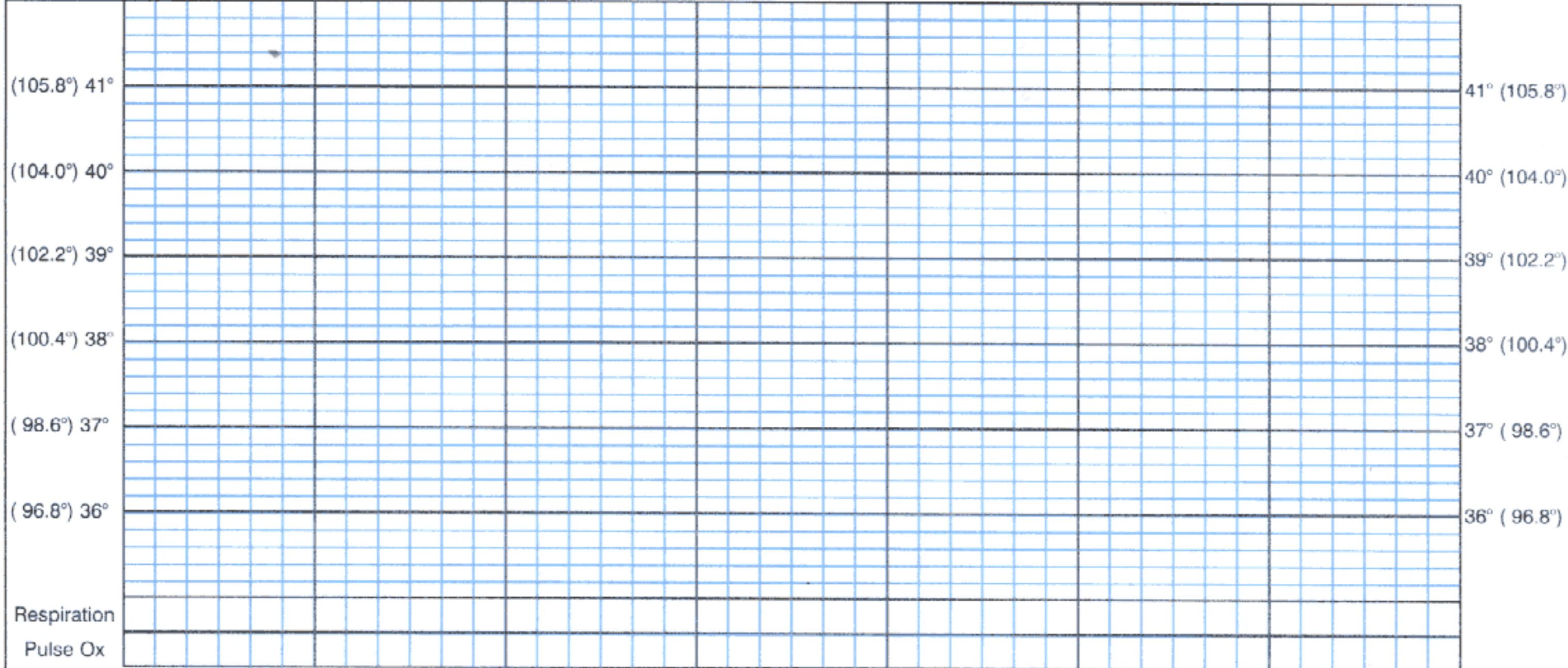
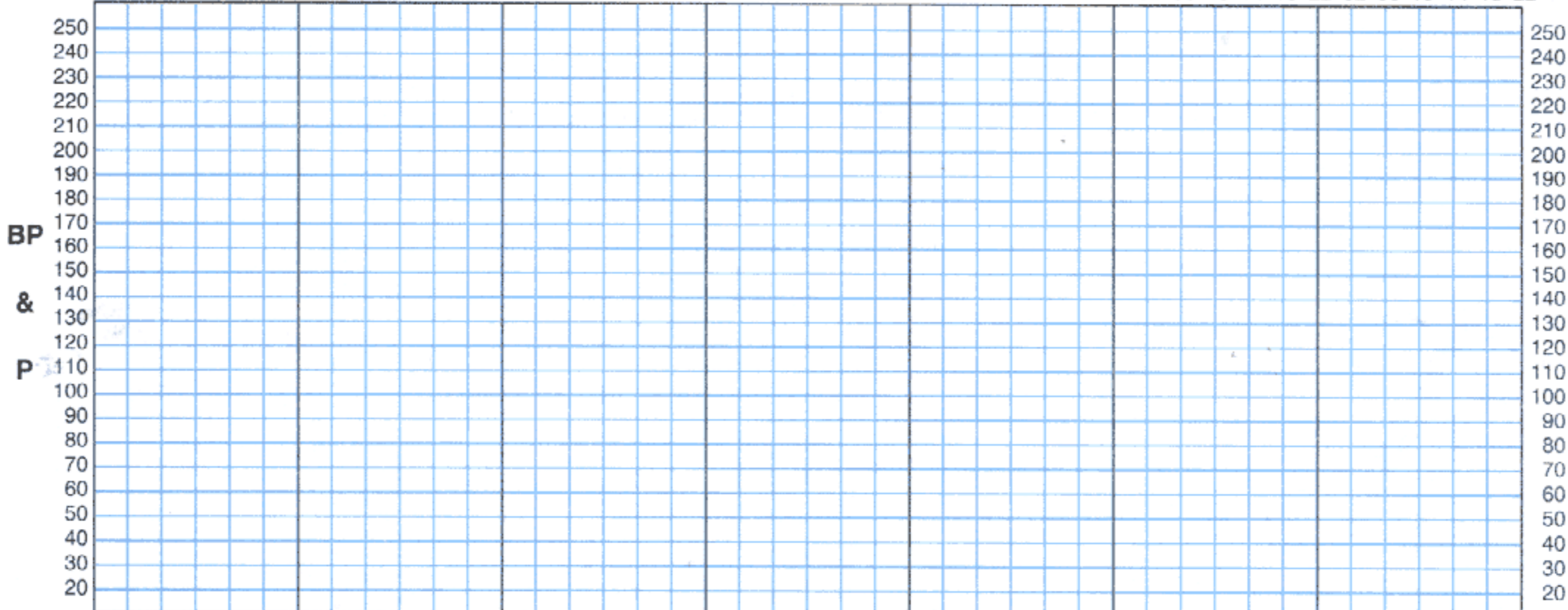


DATE

Hour 02 06 10 14 18 22 02 06 10 14 18 22 02 06 10 14 18 22 02 06 10 14 18 22 02 06 10 14 18 22 02 06 10 14 18 22



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Pain Score

Pain Intensity Score

- 0 No Pain
- 1
- 2
- 3
- 4
- 5 Moderate
- 6
- 7
- 8
- 9
- 10 Worst Possible Pain
- U Unable to assess

Temperature

- Oral •
- Rectal ⊙
- Axillary ×

Blood Pressure & Pulse

- Routine Lying ↓
- Sitting/Standing ↓
- Systolic
- Diastolic
- Pulse ^
- Systolic
- Diastolic
- Pulse ^

RN signatures

24 Hour Totals

INTAKE						
OUTPUT						
WEIGHT						

DO NOT WRITE ON REVERSE SIDE

Patient Label

GRAPHIC RECORD