IHS-350 (REV. 01/89)

VITAL SIGNS RECORD

MONTH	HOSPITAL DAY																
YEAR 19	DAY OF MONTH																
19	HOUR	· ·	· ·	· ·	· ·	· ·	· ·	· ·	· ·	· ·	· ·	· ·	· ·	· ·	· ·		
PULSE (○)	TEMP. F (●)															TEMP. C	
140	105°																
130	104°															40°	
120	103°																
110	102°															38.9°	
100	101°																
90	100°															37.8°	
80	99°																
	98.6°															37°	
70	98°																
60	97°															36.4°	
50	96°																

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD																
BLOOD PRESSURE	AM															
	PM															
HEIGHT WEIGHT																
DIET																
BATH																
STOOLS																

URINE	TIME OF DAY	SUGAR	ACE-TONE	SUGAR	ACE-TONE	SUGAR	ACE-TONE	SUGAR	ACE-TONE	SUGAR	ACE-TONE	SUGAR	ACE-TONE	SUGAR	ACE-TONE	
	AM															
	AM															
	PM															
	PM															

PATIENT'S IDENTIFICATION (For typed or written entries give: Name___last, first, middle; hospital or medical facility)

RECORD OF TEMPERATURE, PULSE & RESPIRATION AND ACTIVITIES OF DAILY LIVING (EXCEPTION TO SF-511)

Signature Key on reverse side

INSTRUCTIONS FOR USE OF IHS-350

Purpose:

To provide a permanent record of routine observations and activities of daily living.

Method:

1. Complete all headings as specified on form.
2. Chart T.P.R.
   a. Temperature - Record in graphic area by using a solid dot to correspond with time taken. Connect multiple temperature recordings with a straight line.
   b. Pulse - Record in graphic area by using a small open circle to correspond with time taken. Connect circles with a straight line.
   c. Respirations - Record in specified area to correspond with time taken.
3. Chart Blood Pressure under Blood Pressure section of record.
   a. Enter time and B/P in the appropriate squares.
   b. If B/P is to be recorded more than 4 times a day, or in more than one site. Use SF 512 - Plotting chart.
4. Height and weight - enter on admission and if ordered on daily basis on appropriate day.
5. Charting Activities of daily living.
   a. Diet - enter type of diet. If diet does not change, an arrow can be used to indicate continuation of same diet.
   b. Bath - enter type and initials of person giving care. (Partial, bed, shower. etc.)
   c. Stools - enter number in 24 hours.
6. Charting Urine Testing.
   a. Enter times of day in appropriate upper left hand column; enter urine findings in appropriate columns. If more than Q.I.D. urines are ordered, use special flow sheet for entries. If space is to be utilized for other tests, such as Protein, headings may be altered to accommodate tests.
7. Optional blanks can be used for activities specific to facility.

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Initials and Full Signature