Nursing Vital Signs Assessment

Patient Information:

- **Name:**
- **Date of Birth:**
- **Medical Record Number:**
- **Date/Time of Assessment:**

Vital Signs:

1. **Heart Rate (HR):**
    - *Normal Range:*
    - **Interpretation:**

2. **Blood Pressure (BP):**
    - *Normal Range:*
    - **Interpretation:**

3. **Respiratory Rate (RR):**
    - *Normal Range:*
    - **Interpretation:**

4. **Temperature:**
    - *Normal Range:*
    - **Interpretation:**

5. **Oxygen Saturation (SpO2):**
    - *Normal Range:*
    - **Interpretation:**

Additional Notes:

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Recommendations:

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Provider Signature: