

Normal Vital Signs Chart

Patient name: _____ Age: _____ Date of birth: _____

Sex: Male Female Contact information: _____

Age	Heart rate (beats per minute)	Respiratory rate (breaths per minute)	Blood pressure (mmHg)	Body temperature (°F)
Newborn	100 – 205	30 – 50	70 – 110/50 – 70	97 – 100
Infant (1-12 months)	100 – 190	20 – 30	80 – 110/50 – 70	97.5 – 100
Toddler (1-3 years)	98 – 140	20 – 30	90 – 120/60 – 80	97.5 – 99
Preschooler (4-5 years)	80 – 110	20 – 25	100 – 130/60 – 80	97.5 – 99
School-age child (6-12 years)	70 – 110	15 – 20	100 – 140/60 – 90	97.5 – 99
Adolescent (13-19 years)	60 – 100	12 – 18	110 – 140/60 – 90	97.5 – 99
Adult (20-64 years)	60 – 100	12 – 20	120 – 130/80 – 85	97.8 – 99.1
Older adult (65+)	60 – 100	12 – 20	120 – 160/80 – 95	97.8 – 99.1

Vital signs measurement

Date: _____ Time: _____

Heart rate (Pulse)	Respiratory rate
Measurement method: <input type="checkbox"/> Radical <input type="checkbox"/> Apical <input type="checkbox"/> Other:	Measurement method: <input type="checkbox"/> Observational <input type="checkbox"/> Direct count <input type="checkbox"/> Other:
Reading (bpm):	Reading (bpm):

Blood pressure	Body temperature
Location: <input type="checkbox"/> Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other:	Measurement method: <input type="checkbox"/> Oral <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary ear <input type="checkbox"/> Temporal <input type="checkbox"/> Other:
Position: <input type="checkbox"/> Seated <input type="checkbox"/> Standing <input type="checkbox"/> Other:	Reading:
Systolic (mmHg):	
Diastolic (mmHg):	

Additional notes

Healthcare professional's information

Name: _____ License number: _____

Contact details: _____ Signature: _____