

# 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:**

- 
- 
- 

**Recommendations:**

- 
- 
- 

**Provider Signature:**