

VITAL SIGNS HOMEWORK

NAME _____ #1

Patient	Age	Sex	History	
Pulse	Rate		Rhythm	Quality
Respirations	R		R	Q
Blood Pressure	Auscultated			Palpated
Pupils (PERRL)	Size(mm)	R	L	Equal Round Reactive
Skin	Color		Temp.	Moisture
Pulse Ox.	Room Air (RA)			On O2

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