

# VITAL SIGNS AND WEIGHT RECORD

## ADMISSION INFORMATION

Admission Date: \_\_\_\_\_ Admission Height: \_\_\_\_\_ Admission Weight: \_\_\_\_\_ lbs Usual Weight: \_\_\_\_\_ lbs  
 Ideal Body Weight (IBW) Range \_\_\_\_\_ (Obtain from Initial Nutritional History/Assessment CFS 5-5)  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**INSTRUCTIONS:** Date each entry. Record blood pressure (BP), temperature, pulse, respirations and weight. Select the actual route of measuring temperature and pulse based on the following—**TEMPERATURE:** T-Tympanic, O-Oral, R-Rectal, A-Axillary; **PULSE:** R-Radial, A-Apical. **WEIGHT CHANGE:** Select weight gain or loss and record the difference (in pounds) between “new” weight and previous weight. The **DATE NOTIFIED** need only be completed when it is necessary to notify the individuals listed. Refer to the bottom of this form for undesired weight loss parameters. Each entry must be signed by the nurse.

DATE: \_\_\_\_\_ BP: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_ ☐ T ☐ O ☐ R ☐ A PULSE: \_\_\_\_\_ ☐ R ☐ A  
 RESPIRATIONS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. WEIGHT CHANGE: ☐ Gain ☐ Loss \_\_\_\_\_ lbs.  
 DATE NOTIFIED: Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dietary: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ BP: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_ ☐ T ☐ O ☐ R ☐ A PULSE: \_\_\_\_\_ ☐ R ☐ A  
 RESPIRATIONS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. WEIGHT CHANGE: ☐ Gain ☐ Loss \_\_\_\_\_ lbs.  
 DATE NOTIFIED: Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dietary: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ BP: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_ ☐ T ☐ O ☐ R ☐ A PULSE: \_\_\_\_\_ ☐ R ☐ A  
 RESPIRATIONS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. WEIGHT CHANGE: ☐ Gain ☐ Loss \_\_\_\_\_ lbs.  
 DATE NOTIFIED: Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dietary: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ BP: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_ ☐ T ☐ O ☐ R ☐ A PULSE: \_\_\_\_\_ ☐ R ☐ A  
 RESPIRATIONS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. WEIGHT CHANGE: ☐ Gain ☐ Loss \_\_\_\_\_ lbs.  
 DATE NOTIFIED: Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dietary: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ BP: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_ ☐ T ☐ O ☐ R ☐ A PULSE: \_\_\_\_\_ ☐ R ☐ A  
 RESPIRATIONS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. WEIGHT CHANGE: ☐ Gain ☐ Loss \_\_\_\_\_ lbs.  
 DATE NOTIFIED: Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dietary: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ BP: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_ ☐ T ☐ O ☐ R ☐ A PULSE: \_\_\_\_\_ ☐ R ☐ A  
 RESPIRATIONS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. WEIGHT CHANGE: ☐ Gain ☐ Loss \_\_\_\_\_ lbs.  
 DATE NOTIFIED: Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dietary: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ BP: \_\_\_\_\_ TEMPERATURE: \_\_\_\_\_ ☐ T ☐ O ☐ R ☐ A PULSE: \_\_\_\_\_ ☐ R ☐ A  
 RESPIRATIONS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. WEIGHT CHANGE: ☐ Gain ☐ Loss \_\_\_\_\_ lbs.  
 DATE NOTIFIED: Family: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dietary: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_

## SUGGESTED PARAMETERS FOR EVALUATING SIGNIFICANCE OF UNPLANNED AND/OR UNDESIRABLE WEIGHT LOSS

Interval	Significant Loss	Severe Loss	Formula for Determining % of Body Wt Loss
1 month	5%	> 5%	$\frac{\text{Usual Wt} - \text{Actual Wt}}{\text{Usual Wt}} \times 100$
3 months	7.5%	> 7.5%	
6 months	10%	> 10%	

NAME—Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Attending Physician \_\_\_\_\_ Record No. \_\_\_\_\_ Room/Bed \_\_\_\_\_