

PATIENT SIGNATURE LOG

PATIENT NAME:	
AGENCY/ NURSE:	
MD NAME/NUMBER:	

VITALS PARAMETERS

(MEDICARE certified HHA)

SYSTOLIC: >180 OR <90
 DIASTOLIC: >100 OR <50
 RESPIRATION: >30 OR <14
 PULSE: >105 OR <55
 O2 SAT: > 90%
 PAIN: 6/10 & HIGHER

VITALS PARAMETERS

(CHAPPS certified HHA):1st Aid/Health Corp

SYSTOLIC: >160 or <90
 DIASTOLIC: >90 OR <60
 RESPIRATION: >24 OR <12
 PULSE: >120 OR <60
 O2 SAT: >92%
 PAIN: 5/10 OR HIGHER

CERTIFICATION PERIOD: _____ **TO** _____

* PLEASE USE NEW SIGNATURE LOG FOR EACH CERTIFICATION PERIOD

#	Date	TIME IN	TIME OUT	VITAL: BP/PULSE/RESP/O2	PATIENT SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					