

# VITAL SIGNS FLOW SHEET

Patient's name: \_\_\_\_\_ Predicted peak flow: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_

Medical record number: \_\_\_\_\_ Ideal weight: \_\_\_\_\_

Date	Nurse initials	Wt #	BP	P	R	T	Peak flow	Diagnosis, meds, notes	Dr. initials



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