

RECORDING FORMS

Candidate's Name: _____
PLEASE PRINT

TEMP: _____ PULSE: _____ RESP: _____

BP: _____ / _____ URINARY OUTPUT: _____ ml

| | |
|------------------------|------------------------|
| GLASS 1: _____ | FOOD INTAKE: _____ % |
| GLASS 2: _____ | FLUID INTAKE: _____ ml |
| GLASS 3: _____ | WEIGHT: _____ |
| Total Intake: _____ ml | HEIGHT: _____ |

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