



FREQUENT MONITORING RECORD

Indications for use: For patients requiring more frequent monitoring than every 4 hours.
 Indicate with "N/A" any column not applicable based on patient condition;
 Place line across any blank areas.



Date	Time	Temp	P Radial/ Screen	RR	SpO ₂	BP	MAP	Pain (0-10)	Assessments/Interventions/Outcomes NB: Record ALL medications administered on the MAR	NURSE Initials



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