PERIOPERATIVE TELEHEALTH EVALUATIONS

PREOP VITAL SIGNS TRACKING & PULMONARY RECOVERY LOG

Enter each DATE across the top. Record the corresponding values down each column as instructed by your healthcare provider.

	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
Blood Pressure									
Heart Rate									
Oxygen Saturation %									
Respiratory Rate									
Temperature									
Pain Scale from 1 to 10									
Weight									
Notes:									

Disclaimer: Educational and monitoring support only. Not a substitute for medical care. Always follow instructions from your licensed healthcare provider

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