**RECORDING MEASUREMENT FORM**

**RESPIRATIONS FORM:**

**Resident’s Name: *(Do not need to complete for test)*Date: *(Do not need to complete for test)***

|  |
| --- |
| **RECORD RESPIRATIONS** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/minute** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Candidate’s Signature**

**RECORDING MEASUREMENT FORM**

**PULSE FORM:**

**Resident’s Name: *(Do not need to complete for test)*Date: *(Do not need to complete for test)***

|  |
| --- |
| **RECORD PULSE** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/minute** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Candidate’s Signature**

**RECORDING MEASUREMENT FORM**

**MANUAL BLOOD PRESSURE FORM:**

**Resident’s Name: *(Do not need to complete for test)*Date: *(Do not need to complete for test)***

|  |
| --- |
| **RECORD BLOOD PRESSURE** |
| **\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ mm Hg** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Candidate’s Signature**

**RECORDING MEASUREMENT FORM**

**INTAKE AND OUTPUT (I & O) FORM:**

**Resident’s Name: *(Do not need to complete for test)*Date: *(Do not need to complete for test)***

|  |  |  |  |
| --- | --- | --- | --- |
| **INTAKE** | | | |
| **Time** | **Type**  **(oral, IV or tube feeding)** | **Amount in**  **ml (or cc’s)** | **Initials** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OUTPUT** | | | |
| **Time** | **Type**  **(urine, emesis, drainage or diarrhea)** | **Amount in**  **ml (or cc’s)** | **Initials** |
|  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Candidate’s Signature**

**RECORDING MEASUREMENT FORM**

**FOOD & FLUID INTAKE FORM**

**Resident’s Name: *(Do not need to complete for test)*Date: *(Do not need to complete for test)***

|  |  |  |
| --- | --- | --- |
| **Intake** | **Amount of Food Eaten** | **Amount of Fluid Intake** |
| **Check one:**  🞏 MEAL  🞏 SNACK | **Check one:**  🞏 0% 🞏 25% 🞏 50%  🞏 75% 🞏 100% | **Check one:**  🞏 0% 🞏 25% 🞏 50%  🞏 75% 🞏 100% |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Candidate’s Signature**