

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: <input type="checkbox"/> MEAL <input type="checkbox"/> SNACK | Check one: <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% | Check one: <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% |

Candidate's Signature