

**CHILD VITAL SIGN ASSESSMENT**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

**OBJECTIVE:**

To measure a child's vital signs. To properly document any necessary information obtained through clinical assessment.

**1.) Patient's Medical Record #: \_\_\_\_\_**

**A. Vital Signs:**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Temperature: \_\_\_\_\_

Respiration: \_\_\_\_\_

Respiration Characteristics: \_\_\_\_\_

Pulse: \_\_\_\_\_

Pulse Characteristics: \_\_\_\_\_

B. Describe the patient's general physical status including but not limited to patient's appearance, mental status and level of consciousness

C. Document a short patient history:

D. Document the reason for today's clinical visit:

**2.) Patient's Medical Record #: \_\_\_\_\_**

**A. Vital Signs:**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Temperature: \_\_\_\_\_

Respiration: \_\_\_\_\_

Respiration Characteristics: \_\_\_\_\_

Pulse: \_\_\_\_\_

Pulse Characteristics: \_\_\_\_\_

B. Describe the patient's general physical status including but not limited to patient's appearance, mental status and level of consciousness:

C. Document a short patient history:

D. Document the reason for today's clinical visit:

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**3.) Patient's Medical Record #:** \_\_\_\_\_

A. Vital Signs:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Temperature: \_\_\_\_\_

Respiration: \_\_\_\_\_

Respiration Characteristics: \_\_\_\_\_

Pulse: \_\_\_\_\_

Pulse Characteristics: \_\_\_\_\_

B. Describe the patient's general physical status including but not limited to patient's appearance, mental status and level of consciousness:

C. Document a short patient history:

D. Document the reason for today's clinical visit:

**4.) Patient's Medical Record #:** \_\_\_\_\_

A. Vital Signs:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Temperature: \_\_\_\_\_

Respiration: \_\_\_\_\_

Respiration Characteristics: \_\_\_\_\_

Pulse: \_\_\_\_\_

Pulse Characteristics: \_\_\_\_\_

B. Describe the patient's general physical status including but not limited to patient's appearance, mental status and level of consciousness:

C. Document a short patient history:

D. Document the reason for today's clinical visit: